



Australian Government
Department of Veterans' Affairs

Claimant Report - Severe Traumatic Event Ischaemic Heart Disease

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

Surname	Given Names	DVA File Number

Report Detail

1. Is there a history of experiencing a severe traumatic event ? The Repatriation Medical Authority has defined experiencing a severe traumatic event as meaning one or more of the following:
 - (i) experiencing a life-threatening event; or
 - (ii) being subject to a serious physical attack or assault including rape and sexual molestation; or
 - (iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured; or
 - (iv) being an eyewitness to a person being killed or critically injured; or
 - (v) viewing corpses or critically injured casualties as an eyewitness; or
 - (vi) being an eyewitness to atrocities inflicted on another person or persons; or
 - (vii) killing or maiming a person; or
 - (viii) being an eyewitness to or participating in, the clearance of critically injured casualties.

An eyewitness means a person who observes an incident first hand.

- No** - Please sign the form and return it to the Department
- Yes**

2. Did the traumatic event(s) occur within the 48 hours before first signs and symptoms of ischaemic heart disease developed?

No

Yes - Please provide details of the traumatic event(s):

Date on which the traumatic event occurred	Description of traumatic event
/ /	
/ /	

3. Did the traumatic event(s) occur within the 48 hours before the worsening of ischaemic heart disease?

No

Yes - Please provide details of the traumatic event(s), and describe the worsening effect on the ischaemic heart disease:

Date on which the traumatic event occurred	Description of traumatic event	Worsening effect on ischaemic heart disease
/ /		
/ /		

Claimant's Signature

You are reminded that:

- The Declaration you signed on the claim form also covers the information you supply on this form.
- There are penalties for knowingly making false or misleading statements.

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