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Claimant Report - Inability to Undertake Physical Activity

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 having been unable to undertake any physical activity greater than 3 METs for **a continuous period of at least 5 years**?

A “**MET**”is a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate. (A MET approximates to the energy required to rest quietly in bed. A 70 kg man would use about 3 METs when walking at 4 km per hour.)

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

 **Yes** - Please provide details

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | | **Injury or illness that restricted physical activity**  **(if more than one contributed, list each disability)** | **Describe how the injury or illness restricted physical activity** |
| **From** | **To** |  |  |
| / / | / / | (1) |  |
| / / | / / | (2) |  |
| / / | / / | (3) |  |

2. Please tick the column which best describes the degree of difficulty with which the following activities were completed during the period of time specified in Q1. **If** the ability to do any activity changed during the period, please indicate in the last column how and when this changed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Activity*** | **Easily** | **With difficulty** | **Not at all** | ***When & how did this ability change*** |
| Getting up and lying down |  |  |  |  |
| Sitting down |  |  |  |  |
| Standing |  |  |  |  |
| Strolling (slowly) |  |  |  |  |
| Walking (slowly) - 4kph |  |  |  |  |
| Washing dishes |  |  |  |  |
| Showering and dressing |  |  |  |  |
| Playing lawn bowls |  |  |  |  |
| Walking at average pace |  |  |  |  |
| Cleaning windows |  |  |  |  |
| Light gardening (weeding/watering) |  |  |  |  |
| Making the bed |  |  |  |  |
| Light carpentry |  |  |  |  |
| Shopping and carrying groceries |  |  |  |  |
| Gentle swimming |  |  |  |  |
| Painting outside of house |  |  |  |  |

Claimant's Signature

***You are reminded that:***

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

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| **/ /** |