



Australian Government
Department of Veterans' Affairs

Claimant Report - Trauma to the Auditory Apparatus Tinnitus

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. When did tinnitus first occur? *(Please be as specific as possible)*

*This does **not** mean the date of an episode of temporary tinnitus - ie short-lived tinnitus which resolves. Include only the date of onset of **persistent** tinnitus.*

/ /

2. Is there a history of head trauma at the time of the first appearance of persistent tinnitus?

No

Yes - Please indicate the date of the head trauma, and provide details of how it occurred.

Date / /
How did the trauma occur?
What treatment was received?

3. Has the tinnitus permanently worsened at any time?

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

Yes - Please indicate when this happened.

4. Is there a history of head trauma at the time of the permanent worsening of persistent tinnitus?

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

Yes - Please indicate the date of the head trauma, and provide details of how it occurred.

Date / /

How did the trauma occur?

What treatment was received?

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.

_____ / ____ / _____