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Claimant Report - Running or Jogging

Chondromalacia Patella

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 were the symptoms of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) first noticed? (Please be as specific as possible)

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2. Is there a history of running or jogging for at least 10 kilometres per week for at least one month?

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

 **Yes** – Please give details overleaf of all periods when running or jogging to this extent occurred.

2. Is there a history of running or jogging for at least 20 kilometres per week for at least one month?

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

 **Yes** – Please give details overleaf of all periods when running or jogging to this extent occurred.

\*\*\*Claims assessor - please use the first version of this question if the veteran has only operational service or operational service as well as eligible service. If there is only eligible service, delete the first version and use the second version of the question.\*\*\*

**Periods of running for at least \*\*\*10/20\*\*\* kilometres per week for at least one month:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Number of kilometres per week spent running** | **Location** | **Reason for running** |
| **From** | **To** |  |  |  |
|  / /  |  / /  |  |  |  |
|  / /  |  / /  |  |  |  |
|  / /  |  / /  |  |  |  |
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|  / /  |  / /  |  |  |  |

**If you require additional space a signed statement detailing the information may also be provided with, or in place of this questionnaire. Please also attach any other relevant additional information.**

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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