



Australian Government
Department of Veterans' Affairs

Claimant Report - Injury to the Eye

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 signs and symptoms of the claimed condition first noticed? Please be as specific as possible.

2. Is there a history of having an injury to the eye?

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

Yes - which eye suffered the injury

Left eye

Right eye

If there has been more than one injury, please attach separate answers for each injury.

3. Was the injury:

A penetrating injury - one that pierces the eye

A blunt trauma - one that does not pierce the eye

4. Please describe in detail the circumstances of the injury, including the **date** when the injury occurred?

5. What symptoms were suffered following the injury?

6. How soon after the injury did the symptoms begin?

7. How long did the symptoms last?

8. Please provide details of medical treatment received following this injury:

9. Did the claimed condition become permanently worse at any time?

- No
- Yes – When did this occur, please be as specific as possible.

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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