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Claimant Report - Electrical Injury

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

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| **Surname** |  | **Given Names** |  | **DVA File Number** |
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Report Detail

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

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2. Is there a history of having suffered an electrical injury?

*An electrical injury is defined by the Repatriation Medical Authority as:*

*(a) lightning strike resulting in loss of consciousness or burns; or*

*(b) electric shock from at least 220 voltage current resulting in loss of consciousness or burns.*

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

 **Yes**

3. Please describe in detail the circumstances of the electrical injury, including the **date** when the injury occurred:

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

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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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