

## **Claimant Report – Carrying or Lifting Loads**

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.

| Vete    | eran's  | s Details   |             |   |  |  |  |
|---------|---|---|-------------|---|--|--|--|
| Surname |   |   | Given Names |   | <b>DVA File Number</b>                                   |  |  |
|         |   |   |             |   |  |  |  |
| Rep     | ort D   | etail   |             |   |  |  |  |
| 1.      | Is there a history of regularly carrying or lifting loads of at least 25 kg while weight bearing? |   |             |   |  |  |  |
| 2.      | Is there a history of regularly carrying or lifting loads of at least 35 kg while weight bearing? |   |             |   |  |  |  |
|         |   | ***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.*** |             |   |  |  |  |
|         |   | No -Please sign the form and return it to the Department.   |             |   |  |  |  |
|         |   |   | e v         | * | en this happened, a brief<br>lifting occurred and give a |  |  |

| Dates      | Describe the load<br>being lifted | Weight of the load | Frequency of lifting eg once a week, five times a day etc | Activities being carried out when lifting occurred |
|------------|-----------------------------------|--------------------|---|--|
| / / to / / |                                   |                    |   |  |
| / / to / / |                                   |                    |   |  |
| / / to / / |                                   |                    |   |  |
| / / to / / |                                   |                    |   |  |
| / / to / / |                                   |                    |   |  |
| / / to / / |                                   |                    |   |  |
| / / to / / |                                   |                    |   |  |
| / / to / / |                                   |                    |   |  |

## 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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