

Claimant Report - Kneeling or Squatting

Osteoarthritis

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. Is there a history of kneeling or squatting **for at least an hour a day,** **on more days** **than not,** on a regular basis? The kneeling or squatting can be for an hour or for shorter periods adding up to at least an hour each day.

 **No**

 **Yes -** *Please indicate overleaf the periods of time when this happened, how often, and give a brief description of the activities involved.*

|  |  |  |
| --- | --- | --- |
| Period | Frequency of days kneeling or squatting*:*e.g. every week Monday to Friday | Duties and activities performed |
| / / to / / |  |  |
| / / to / / |  |  |
| / / to / / |  |  |
| / / to / / |  |  |
| / / to / / |  |  |
| / / to / / |  |  |
| / / to / / |  |  |

**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.

|  |
| --- |
|  |
| **/ /** |