



**Australian Government**  
**Department of Veterans' Affairs**

## Claimant Report - Strenuous Physical Activity Atrial Fibrillation

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 (insert claimed position) first noticed? (Please be as specific as possible)


2. Is there a history of undertaking strenuous physical activity for an average duration of **three hours per week**, for a minimum of **40 weeks per year** during each year for at least **five consecutive years**?

**Strenuous physical activity** is defined by the Repatriation Medical Authority as being activity greater than 11 METS, where a "MET" is a unit of measurement of the level of physical exertion.

**In general this level of activity would only be engaged in by athletes participating in regular and long term strenuous competitive sporting activities such as vigorous basketball, cross country skiing, rowing, or jogging at a pace of 9 minutes or less, per mile.**

- No** - Please sign the form and return it to the Department
- Yes** – Please give details overleaf of all periods where strenuous physical activity to this extent occurred.

**Periods of strenuous physical activity as defined above:**

Period		Average number of hours per week	Description of activity
From	To		
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

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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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