

## **Claimant Report - Obesity**

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	ı's Detail	ls				
Surname			Given Names		DVA File Number	
Report .	Detail					
1. Is t	here a hist	tory of having	g been very overweigh	nt or obese?		
	No-	Please sign t	he form and return it	to the Department		
		_	ghts that you know (a		the table below. Include all ge if there is insufficient	
Date	Height	Weight (specify lbs or kg)	Reason for being overweight (if known)	Treatment prescribed for weight loss	Name and address of treating doctor	

Claimant's Signature			
<ul><li>You are reminded that:</li><li>The Declaration you signed</li><li>There are penalties for known</li></ul>			upply on this form.
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