

## **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  Report Detail			Given Names		DVA File Number	
Report	Detail					
1. Is t	there 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	_		
Date	Height	Weight (specify lbs or kg)	Reason for being overweight (if known)	Treatment prescribed for weight loss	Name and address of treating doctor	
					ese?  Department  owledge, in the table below. Include a separate page if there is insufficient  reatment cribed for Name and address of treating doctor	

Claimant's Signature					
ou are reminded that:					
The Declaration you sign There are penalties for kn				ou supply on this f	form
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