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Claimant Report – Direct Blow to the Abdomen

Inguinal Hernia

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

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| **Surname** |  | **Given Names** |  | **DVA File Number** |
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Report Detail

1. Is there a history of increased pressure within the abdominal cavity due to a direct blow to the abdomen?

 **No -** *Please sign the form and return it to the Department*

 **Yes**

2. When did the first signs or symptoms of (insert claimed position) develop? *Please be as specific as possible*

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3. Was there a direct blow to the abdomen within the 30 days immediately before the first signs or symptoms of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

 **No**

 **Yes -** *When did the direct blow occur?*

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4. What caused the direct blow to the abdomen?

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5. Was medical treatment required for the direct blow to the abdomen?

 **No -** *Please sign the form and return it to the Department*

 **Yes** - Please give details of the medical treatment required for the direct blow and indicate where this treatment was given.

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6. Did the (insert claimed position) become permanently worse at any time?

 **No *-*** *Please sign the form and return it to the Department*

* **Yes –** *Please describe when the permanent worsening occurred*

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7. Was there a direct blow to the abdomen within the 30 days immediately before the permanent worsening of (insert claimed position)?

 **No**

 **Yes -** *When did the direct blow occur?*

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8. What caused the direct blow and what treatment was provided? Please provide details including dates of treatment and name and address of the attending doctor.

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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.

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