



Australian Government

Department of Veterans' Affairs

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

Surname

Given Names

DVA File Number

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*

/ /

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?*

/ /

4. What caused the direct blow to the abdomen?

