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Claimant Report – Anti-G Straining Manoeuvre

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 having performed the anti-G straining manoeuvre?

The Repatriation Medical Authority defines **“anti-G straining manoeuvre (AGSM)”** as meaning “*maximum muscle contraction of all major muscles of the body, in combination with a forced expiration against a closed or partially closed glottis, that increases eye-level arterial blood pressure. This manoeuvre is sometimes referred to as an M-1 or L-1 manoeuvre, and is used by air-crew of high performance aircraft to increase their G tolerance during aerial combat manoeuvres*.”

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

 **Yes**

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

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1. Is there a history of performing the AGSM at some time within the 30 days before the first signs or symptoms of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

 **No**

 **Yes -** *Please give details of duties at the time the AGSM was required*

|  |  |
| --- | --- |
| **Date** | **Description of duties** |
|  / /  |  |
|  / /  |  |
|  / /  |  |

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

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

* **Yes – when?** *(please be as specific as possible)*

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5. Is there a history of performing the AGSM at some time within the 30 days before the permanent worsening of (insert claimed position)?

 **No**

 **Yes -** *Please give details of duties at the time the AGSM was required*

|  |  |
| --- | --- |
| **Date** | **Description of duties** |
|  / /  |  |
|  / /  |  |
|  / /  |  |

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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