

Claimant Report – Engaging in Competitive Sport

Spondylolisthesis and Spondylolysis

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. When were the symptoms of spondylolisthesis and spondylolysis first noticed? (Please be as specific as possible)

|  |
| --- |
|  |
|  |
|  |

2. Is there a history of engaging in competitive sport that requires repetitive and forceful hyperextension, torsion or rotation against resistance of the lumbar spine? Examples of competitive sports that meet this criteria would include most body contact sports such as rugby and other football codes; fast-bowling in cricket; gymnastics; weight lifting; rowing; and javelin throwing. Competitive running or swimming are unlikely to meet this criteria.

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

 **Yes *–*** Please provide full details of the competitive sport/s engaged in (sport, club etc), and why you think it meets the criteria described above.

|  |
| --- |
|  |
|  |
|  |
|  |

3. Please provide full details (in the following table) of your engagement in competitive sport during the 6 monthsimmediately before theonset of symptoms of Spondylolisthesis and Spondylolysis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period** | | **Number of days per week** | **Number of hours per week** | **Details of your engagement in competitive sport** |
| **From** | **To** |  |  |  |
| / / | / / |  |  |  |
| / / | / / |  |  |  |
| / / | / / |  |  |  |
| / / | / / |  |  |  |
| / / | / / |  |  |  |

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.

|  |
| --- |
|  |
| **/ /** |