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Claimant Report – Use of a Specified Drug

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

The Repatriation Medical Authority has specified the following drugs:

* *Cocaine;*
* *Heroin;*
* *Phencyclidine (angel dust);*
* *D-lysergic acid diethylamide (LSD);*
* *Amphetamines and amphetamine-like compounds, including dextroamphetamine, methamphetamine, methylphenidate (Ritalin), ephedrine, pseudoephedrine, phenylpropanolamine, phentermine, phendimetrazine, and 3,4-methylenedioxymethamphetamine (ecstasy); or*
* *Marijuana.*

1. Is there a history of having used one or more of these drugs within the 72 hours before the clinical onset of {+SubstituteClaimedCondition,I}?

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

 **Yes**

2. Please identify the drug(s) used at that time:

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3. Please describe the circumstances of the specified drug use within the 72 hours before the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):

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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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