



Australian Government

Department of Veterans' Affairs

Claimant Report - Wearing Inappropriate Footwear

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 first signs or symptoms of (insert claimed position)?

Left foot/...../.....

Right foot/...../.....

2. Is there any history of wearing **inappropriate** footwear whilst engaged in weight bearing exercise within the **seven days before** the clinical onset of (insert claimed position). **Note:** The RMA defines inappropriate footwear as 'footwear that results in excess pronation'. *Excess pronation may occur in susceptible individuals who exercise while wearing faulty or worn out shoes, or shoes that do not provide adequate support in the arch or heel area for the activity undertaken.*

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

Yes - Please provide details in the table below:

Date/s	Type of footwear, and why it was inappropriate	Circumstances of weight bearing exercise

3. Did (Insert claimed condition) worsen?

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

Yes - Please provide details, including date of worsening.

Left foot/...../.....

Right foot/...../.....

4. Is there any history of wearing **inappropriate** footwear whilst engaged in weight bearing exercise within the **seven days before the worsening** of (insert claimed position). **Note:** The RMA defines inappropriate footwear as 'footwear that results in excess pronation'. *Excess pronation may occur in susceptible individuals who exercise while wearing faulty or worn out shoes, or shoes that do not provide adequate support in the arch or heel area for the activity undertaken.*

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

Yes - Please provide details in the table below:

Date/s	Type of footwear, and why it was inappropriate	Circumstances of weight bearing exercise

Claimant's Signature

You are reminded that:

- The Declaration you signed on the claim form also covers the information you supply on this form.
- There are penalties for knowingly making false or misleading statements.

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