

Claimant Report - Obesity or Increased Waist to Hip Ratio Ischaemic Heart Disease

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.

Vet	eran's	Details				
Surname			Given Names		DVA File Number	
Rep	ort De	etail				
	Mas. mean H is ratio	s Index (BMI). The R ns having a BMI of 3 height in metres. Inc	d using a person's weight a depatriation Medical Author O or greater. BMI = W/H ² v creased waist to hip circumf en or 0.9 for women. This e hip measurement.	rity has deteri where W is wo ference ratio i	mined that being obese eight in kilograms and means a waist to hip	
1.		To the best of your knowledge is there a history of having been obese or having an increased waist to hip circumference ratio as described above?				
		No – Please sign t Yes	he form and return it to the	Department		
2.	Was ongoing medically prescribed drug therapy for weight reduction or surgical intervention for weight reduction (other than cosmetic surgery) ever required?					
		No				
		Yes - Please descri	be the treatment provided as	nd the date or	period of treatment:	

3.	Please describe any weight-related problems, include any body measurements if known.
	aimant's Signature
• [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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