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Claimant Report - Flying Aircraft

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 or signs first noticed?

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2. Is there a history of **flying** in powered aircraft as operational aircrew?

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

 **Yes** - Please provide details in the table overleaf.

3. Details of flying powered aircraft. **Note** - include any flying of powered aircraft **during service as well as outside of service**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period** | **Type of aircraft** | **Number of hours flown in this period** | **Occupation** | **Duties and activities performed** |
| ...... / ...... / ......  to  ...... / ...... / ...... |  |  |  |  |
| ...... / ...... / ......  to  ...... / ...... / ...... |  |  |  |  |
| ...... / ...... / ......  to  ...... / ...... / ...... |  |  |  |  |
| ...... / ...... / ......  to  ...... / ...... / ...... |  |  |  |  |
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| ...... / ...... / ......  to  ...... / ...... / ...... |  |  |  |  |

**If you require additional space a signed statement detailing the information may also be provided with, or in place of this questionnaire. Please also attach any other relevant additional information.**

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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