

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.

Adn	ninistrative Appeals Tribuna	al or Federal Court.						
Ve	eteran's Details							
Sı	ırname	(Given Names	DVA File Number				
Re	port Detail							
1.	When were the symptoms or signs first noticed?							
2.	Is there a histor	y of flying in p	powered aircraft as o	perational aircre	w?			
	No - Plea	se sign the fort	n overleaf and retur	n it to the Depar	tment			
	Yes - Ple	ase provide det	ails in the table over	rleaf.				
3.			craft. Note - includell as outside of ser		owered			
	Period	Type of aircraft	Number of hours flown in this period	Occupation	Duties and activities performed			
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you require addit	tional space a sign	ned statement de	tailing the info	rmation may

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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