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Claimant Report – Carrying Heavy Loads

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

1. Is there a history of regularly carrying loads of **at least 25 kg** while weight bearing?

1. Is there a history of regularly carrying loads of **at least 35 kg** while weight bearing?

\*\*\*Claims assessor - please use the first version of this question if the veteran has only operational service or operational service as well as eligible service. If there is only eligible service, delete the first version and use the second version of the question.\*\*\*

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

 **Yes -** *Please indicate on the next page the periods of time when this happened, a brief description of the load,**the weight of the load, how often this lifting occurred and give a brief description of the activities involved.*

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| --- | --- | --- | --- | --- |
| **Dates** | **Describe the load being carried** | **Weight of the load** | **Frequency of carrying*****eg once a week, five times a day etc*** | **Activities being undertaken when carrying occurred** |
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**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:***

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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