

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.

Vei	teran'	s Details					
Su	eteran's Details urname eport Detail		Given Names		DVA File Number		
Rej	port D)etail					
1.	Is the	ere a history of regula	rly carrying loads of at le	east 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.					
		description of the lo		•	en this happened, a brief lifting occurred and give a		

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
/ / to / /				
/ / to / /				
/ / to / /				
/ / to / /				
/ / to / /				
/ / to / /				
/ / to / /				
/ / 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				supply on this form.
• There are penalties for known	owingly making fa	lse or misleading	statements.	
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