



**Australian Government**  
**Department of Veterans' Affairs**

## Claimant Report - Weight bearing exercise Chondromalacia Patella

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*

|                |                    |                        |
|----------------|--------------------|------------------------|
| <b>Surname</b> | <b>Given Names</b> | <b>DVA File Number</b> |
|                |                    |                        |

### *Report Detail*

1. When were the symptoms of (\_\_\_\_\_ ) first noticed? (Please be as specific as possible)

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2. Is there a history of undertaking weight bearing exercise in the month before the onset or worsening of (insert claimed condition) ?

- No** - Please sign the form and return it to the Department
- Yes** – Please give details overleaf of all periods of weight bearing exercise in the month before the onset or worsening.

### **Periods of weight bearing exercise per week for at least one month:**

| Period |     | Number of hours of exercise | Location | Type of exercise or duty being performed (include the weight of any loads) |
|--------|-----|-----------------------------|----------|--|
| From   | To  |                             |          |  |
| / /    | / / |                             |          |  |
|        |     |                             |          |  |

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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.**

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***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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