



Australian Government
Department of Veterans' Affairs

MR9027

Medical Report - Sprain and Strain

The information you provide on this form 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

A claim for service related compensation in respect of the above named requires the Department to consider the development of sprain or strain in this case. Would you please answer the following questions:

1. Has the veteran suffered from a sprain or strain of a muscle, tendon or joint ligament?

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

2. Please record the site and type of sprain or strain (eg, lateral ligament sprain right ankle).

3. When did this occur?

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4. How did this occur? If a sprain or strain occurred because of an underlying condition, including joint instability, please specify this condition and provide details of how it led to the sprain or strain.

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5. Has the underlying pathology of (insert claimed condition) subsequently worsened?

No

Yes - *When did this occur and what do you believe to have been the cause of the worsening?*

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Details of Medical Practitioner providing advice:

Stamp

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Signature

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