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Medical Report - Inability to Undertake Physical Activity

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 leads the Department to consider whether an **inability to undertake any physical activity greater than 3 METs** could be a factor in the development of (insert claimed condition) in this case. An 'inability' to undertake activity does not include restriction of activity due to lifestyle choices, lack of opportunity, or medical conditions with only narrow restrictions.

A “MET”is a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate. (A MET approximates to the energy required to rest quietly in bed. A 70 kg man would use about 3 METs when walking at 4 km per hour.)

1. When was the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?………./………./……….

2. Has there been a continuous period of at least five years, where an inability to undertake any physical activity greater than 3 METs has occurred?

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

 **Yes**

3. In the table overleaf, please provide details of the diagnosis of the incapacity(ies) responsible, describe the limitations imposed by each condition and include the dates of the inability to undertake any physical activity greater than 3 METs.

Inability to Undertake Physical Activity

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnosis of incapacity** | **Description of limitations** | **From** | **To** |
|  |  | **/ /** | **/ /** |
|  |  | **/ /** | **/ /** |
|  |  | **/ /** | **/ /** |
|  |  | **/ /** | **/ /** |
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4. Did the (insert claimed position) permanently worsen? **Note:** For the purposes of the *Veterans’ Entitlements Act* (1986), permanent worsening requires an increase in the gravity of the disease beyond its natural progression. It excludes temporary exacerbations or any deterioration which is part of the normal course of the disease.

 **No**

 **Yes** – Please provide details, including date of worsening

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|  |

Details of Medical Practitioner providing advice:

|  |  |  |
| --- | --- | --- |
| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  **/ /** |