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Medical Report - Cutaneous Scarring

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** |
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Report Detail

A claim for service related compensation in respect of the above named leads the Department to consider whether cutaneous scarring could be relevant to the development of the claimed condition in this case. Would you please answer the following questions:

1. When was the clinical onset of the claimed condition?………./………./……….

2. Did the claimed condition develop at the site of cutaneous scarring?

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

 **Yes**

3. For how long had the cutaneous scarring been present before the claimed condition developed at the site?:

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4. Please identify the cause of the cutaneous scarring and, if due to an injury, give the date of the injury and describe the circumstances which led to the injury:

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Details of Medical Practitioner providing advice:

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