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Medical Report - Acute Viral Infection Sensorineural Hearing Loss

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

Board, A	dministrative Appeals Tribunal or F	Pederal Court.	
Veter	an's Details		
Surn	ame	Given Names	DVA File Number
Repo	rt Detail		
consid	ler whether an acute vira	-	bove named leads the Department to o the development of sensorineural hearing estions:
1.	When was the clinical o	nset of sensorineural hearing l	oss?
	☐ Left/ ☐ Right/		
2.	Please forward a copy o	f the most recent audiogram y	ou have.
3.	Did the veteran suffer a	n acute infection with any of the	he viruses specified?
	☐ Yes - please indic	ate which virus was suffered:	
	☐ Mumps	Pertussis	
	☐ Measle ☐ Rubella		-zoster
	No - Please sign t	he form and return it to the De	epartment
4.	Please provide details of	f the viral infection:	
	Viral infection	Date acute infection started	Date infection cleared

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5. Did the sensorineural hearing loss permanently worsen? Note: For the purposes of the <i>Veterans' Entitlement Act</i> (1986), permanent worsening requires an increase in the gradisease beyond its natural progression. It excludes temporary exacerbations or any dewhich is part of the normal course of the disease.			
		No Yes – Please provide details, including date of worsening	
		Left	
			/
	_	Right	/

Details of Medical Practitioner providing advice:						
Stamp						
	Signature					
		/	/			