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Medical Report - Salicylates or Quinine Derivatives

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 treatment with salicylates or quinine derivatives could be relevant to the development of (insert claimed condition) in this case. Would you please answer the following questions:

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

2. Has the (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) permanently worsened at any time?

 **No**

 **Yes** – Please indicate when this happened.

3. Was the veteran being treated with salicylates or quinine derivatives **at the time** of the clinical onset of or the permanent worsening of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

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

 **Yes**

4. Was this treatment with salicylates or quinine derivatives ever stopped or replaced by some other therapy?

 **Yes -** *Please sign the form and return it to the Department*

 **No -** Please provide details of the drug treatment.

|  |  |  |
| --- | --- | --- |
| ***Medication Used*** | ***Condition treated*** | ***Date Commenced*** |
|  Salicylates |  | ***………./………./……….*** |
|  Quinine derivatives |  | ***………./………./……….*** |

Details of Medical Practitioner providing advice:

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