



**Australian Government**

**Department of Veterans' Affairs**

## Medical Report - Aspirin Cerebrovascular Accident

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 aspirin could be relevant to the development of (\_\_\_\_\_) in this case. Would you please answer the following questions:

1. When was the clinical onset of (\_\_\_\_\_)?...../...../.....
2. Had the veteran been taking aspirin within the seven days before the onset of (\_\_\_\_\_)?
  - No** - Please sign the form and return it to the Department
  - Yes**
3. Please provide the following details regarding any aspirin ingestion that occurred in the **five weeks immediately before the clinical onset** of (\_\_\_\_\_).

Period of Aspirin Ingestion	On how many days per week was aspirin taken	Condition for which aspirin was taken
/ / to / /		
/ / to / /		
/ / to / /		

### *Details of Medical Practitioner providing advice:*

**Stamp**

**Signature**