



Australian Government

Department of Veterans' Affairs

Medical Report - Central Nervous System Disorder involving the Upper or Mid Cervical Cord, Brain Stem, Cerebrum or Extrapyrarnidal System Sleep Apnoea

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 a central nervous system disorder involving the upper or mid cervical cord, brain stem, cerebrum or extrapyramidal system could be relevant to the development of sleep apnoea in this case. The Repatriation Medical Authority has defined a central nervous system disorder to mean "a condition such as cerebrovascular accidents, Parkinson's disease, multiple sclerosis, or Alzheimer's disease".

Would you please answer the following questions:

1. When was the clinical onset of sleep apnoea?...../...../.....
2. Has the veteran ever suffered a central nervous system disorder involving the upper or mid cervical cord, brain stem, cerebrum or extrapyramidal system?
 - No** - Please sign the form and return it to the Department
 - Yes** - Please identify/describe the condition(s), indicate the date of onset of the condition, and where appropriate, indicate date of remission or cure

Diagnosis	Date of onset	Date of remission or cure (if appropriate)
	/ /	/ /
	/ /	/ /
	/ /	/ /

3. Has the sleep apnoea ever permanently worsened? **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** - Please sign the form and return it to the Department
- Yes** - When did this occur?/...../.....

Details of Medical Practitioner providing advice:

Stamp

Signature

/ /