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Medical Report - Otitic Barotrauma

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 otitic barotrauma could be relevant to the development of (insert claimed position) in this case. Would you please answer the following questions:

1. When was the clinical onset of (insert claimed position)?

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| --- |
|  |
| **/ /** |

2. Has the (insert claimed position) permanently worsened at any time?

 **No**

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

3. Has the veteran ever suffered an episode of otitic barotrauma?

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

 **Yes -** Please give details of when and how the barotrauma happened

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Details of Medical Practitioner providing advice:

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