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Medical Report - Injury to the Eye

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

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| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
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Report Detail

A claim for service related compensation in respect of the abovenamed leads the Department to consider whether a blunt trauma or penetrating injury to the eye could be relevant to the development of the claimed condition in this case. Would you please answer the following questions:

1. When was the clinical onset of the claimed condition? Please be as specific as possible.

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2. Has the veteran ever suffered an injury to the eye?

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

* **Yes -** Please give details of the affected eye, including when and how the injury happened

 Left eye  Right eye

**If there has been more than one injury, please attach separate answers for each injury**

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3. Was the injury:

 A penetrating injury

 A blunt trauma.

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4. If the injury was a blunt trauma, did it result in symptoms and signs lasting at least three days?

 **No**

 **Yes**

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{If worsening}

5. Did the claimed condition worsen? **Note:** For the purposes of the *Veterans’ Entitlement 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 and what do you believe to have been the cause of the worsening?*

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{EndIf worsening}

Details of Medical Practitioner providing advice:

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| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
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