

Medical Report - Obesity

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.

Veter	an's Details						
Surname		Given Names	DVA File Number				
Repoi	rt Detail						
A clair consid	n for service related con	be relevant to the developme	ove named leads the Department to nt of the claimed condition in this				
1.	When was the clinical onset of the claimed condition?						
	///						
2.	Does the veteran have a history of obesity? (Obesity is considered by the Repatriation Medical Authority to be present when the Body Mass Index (BMI) is 30 or greater. $BMI = W/H^2$ where W is weight in kilograms and H is height in metres.)						
[No - Please sign th	e form and return it to the De	partment				
Į	Please include and include of	le details when BMI went into letails of any known causes of levided for obesity. Attach sep	weight and/or BMI in the table bel and out of the ranges 30-35 and 33 the veteran's obesity as well as arate pages if there is insufficient r	5-40			

Record of weights/BMI:

Date	Height	Weight	BMI	Cause(s) of obesity	Treatment prescribed

Details of Medical Practitioner p	providing advice:
Stamp	
	Signature