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Medical Report - Inability to Undertake Physical Activity

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 an **inability to undertake any physical activity greater than 3 METs** could be a factor in the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. An 'inability' to undertake activity does not include restriction of activity due to lifestyle choices, lack of opportunity, or medical conditions with only narrow restrictions.

A “MET”means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate. A MET approximates to the energy required to rest quietly in bed. A 70 kg man would use about 3 METs when walking at 4 km per hour.

1. When was the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?………./………./……….

2. Has the veteran ever been unable to undertake any physical activity greater than 3 METs for a period of **at least** ten years?

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

 **Yes**

3. Please provide a diagnosis for **each condition** that has contributed to the inability to undertake any physical activity greater than 3 METs and describe and date the limitations imposed by each of the identified conditions in the table on the following page:

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnosis of incapacity** | **Description of limitations** | **From** | **To** |
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|  |  |  |  |
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Details of Medical Practitioner providing advice:

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