

## Medical Report – Chronic Obstruction of the Upper Airways 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.

Surname	Given Names		<b>DVA File Number</b>
Report Detail			
	compensation in respect of the obstruction of the upper airwa in this case.		•
mean "ongoing obstruction	uthority has defined chronic at the level of the nose, naso, tonsils or adenoids, nasal se rould satisfy this definition.	pharynx, hypopha	rynx or larynx".
Would you please answer th	e following questions:		
1. When was the clinical	onset of sleep apnoea?	//	
	uffered chronic obstruction of the form and return it to the	• • • • • • • • • • • • • • • • • • • •	vs?
	ntify/describe the condition(s) where appropriate, indicate da		
Diagno	sis	Date of onset	Date of remission or cure (if appropriate)
		/ /	/ /
		/ /	/ /

	Veto grav	It is the sleep apnoea ever permanently worsened? <b>Note:</b> For the purposes of the <i>Yeterans' Entitlements Act</i> (1986), permanent worsening requires an increase in the ravity 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		
	<b>1</b>	Yes - When did this occur?/	/	
Detail:	s o	f Medical Practitioner providing adv	vice:	
Stamp	_			
			Signature	
			/	