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Medical Report – Use of a Specified Drug

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 use of a specified drug could be relevant to the development of (insert claimed position) in this case. The drugs specified by the Repatriation Medical Authority are:

* *Cocaine;*
* *Heroin;*
* *Phencyclidine (angel dust);*
* *D-lysergic acid diethylamide (LSD);*
* *Amphetamines and amphetamine-like compounds, including dextroamphetamine, methamphetamine, methylphenidate (Ritalin), ephedrine, pseudoephedrine, phenylpropanolamine, phentermine, phendimetrazine, and 3,4-methylenedioxymethamphetamine (ecstasy); or*
* *Marijuana.*

Would you please answer the following questions:

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

2. Did the veteran use one or more of the drugs specified above within the 72 hours before the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)?

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

 **Yes**

3. Please identify the drug(s) involved:

|  |
| --- |
|  |

4. Was the veteran’s drug use within the 72 hours before the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) due to an illness or injury?

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

 **Yes**

5. Please identify the illness or injury underlying the veteran's use of the specified drug:

|  |
| --- |
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|  |
|  |

Details of Medical Practitioner providing advice:

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