

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.

Vet	eran's Details			
Sur	name	Given Names		DVA File Number
Rep	ort Detail			
cons	aim for service related compider whether use of a specification) in this case. The drugs	ied drug could be relevant	to the develop	ment of (insert claimed
	 Heroin; Phencyclidine (angel du. D-lysergic acid diethylas Amphetamines and amphetamine, meth 	mide (LSD); hetamine-like compounds, ylphenidate (Ritalin), epho hentermine, phendimetraz	edrine, pseudoe	•
Wot	ald you please answer the fo	llowing questions:		
1.	When was the clinical ons	et 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 □ Yes	form and return it to the	Department	
3.	Please identify the drug(s)	involved:		

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 inYes	t to the Department			
Please identify the illness or injury underlying	ng the veteran's use of the specified drug:			
Details of Medical Practitioner providing	advice:			
Stamp				
	Signature			