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Medical Report - Cerebral Infection

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 a cerebral infection could be relevant to the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. **Note:** The Repatriation Medical Authority (RMA) has defined a **cerebral** **infection** to mean:

*(a) cerebral abscess; or*

*(b) cerebral helminthic infection (cysticercosis, schistosomiasis, sparganosis); or*

*(c) cerebral protozoal infection (malaria); or*

*(d) encephalitis;*

*(e) intracerebral fungal infection (aspergillosis or mucormycosis); or*

*(f) meningitis*

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

2. Has the veteran ever suffered from a **cerebral infection** as defined by the RMA?

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

 **Yes** *–* Please specify **type** and **date** of infection, **duration** of illness and opinion about its **underlying cause**, if relevant:

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Details of Medical Practitioner providing advice:

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