

## **Medical Report - Vasculitis Affecting the Cerebral Arteries**

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 vasculitis affecting the cerebral arteries could be relevant to the development of ) in this case. Would you please answer the following questions: When was the clinical onset of (\_\_\_\_\_\_\_)?..../..... 1. 2. Has the veteran ever had vasculitis affecting the cerebral arteries? **No -** *Please sign the form and return it to the Department* Yes - Please provide details below. Date cerebral Diagnosis (or underlying cause of Date of remission, if arteries affected the vasculitis) appropriate Details of Medical Practitioner providing advice: Stamp Signature