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Medical Report - Physical Trauma

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 requires the Department to consider physical trauma as a factor in this case. Would you please answer the following questions:

1. When did the fracture occur? ………./………./……….

2. How did this occur? If a fracture occurred as a consequence of a medical or surgical condition (*eg, a fall occurring as a result of a transient ischaemic attack.*), name the condition.

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{If worsening}

3.Did the underlying pathology of (insert claimed condition) permanently worsen? **Note:** For the purposes of the *Veterans’ Entitlements Act* (1986), permanent worsening requires an increase in the gravity 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**

 **Yes** *- When did this occur and how did physical trauma contribute to the worsening?*

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| ………./………./………. |
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{EndIf worsening}

Details of Medical Practitioner providing advice:

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