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Medical Report - A Specified Biomechanical Abnormality

Involving the Foot

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 specified biomechanical abnormality involving the foot could be a factor in the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. Would you please answer the following questions:

1. When was the clinical onset of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in the:

 Left foot ……/……/……

 Right foot ……/……/……

2. Does the veteran have one of the following biomechanical abnormalities: overpronation or underpronation, or decreased ankle or forefoot flexibility?

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

 Yes – Please indicate below, the biomechanical abnormality and foot affected:

|  |
| --- |
|  |

3. Has the veteran ever suffered an injury or disease that has resulted in the specified biomechanical abnormality involving the foot which was identified above?

Left foot?  **Yes**  **No**

Right foot?  **Yes**  **No**

4. If there has been such an injury or disease, please provide details in the table overleaf:

|  |
| --- |
| **Details of any injury or disease that has resulted in the specified biomechanical abnormality involving the foot** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Injury or disease (diagnosis)** | **Affected foot****(left/right)** | **Date of onset** | **Nature of biomechanical abnormality (overpronation, underpronation, decreased ankle or forefoot flexibility)** | **Circumstances leading to injury or disease** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

5. Did the (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 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** – Please provide details in the table above, and the date of worsening below:

 Left foot ……/……/……

 Right foot ……/……/……

Details of Medical Practitioner providing advice:

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