



Australian Government

Department of Veterans' Affairs

## Medical Report - Severe thermal or chemical burn to the eye

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 abovenamed leads the Department to consider whether a severe thermal or chemical burn to the eye could be relevant to the development of the claimed condition in this case. Would you please answer the following questions:

1. When was the clinical onset of the claimed condition? Please be as specific as possible.

2. Is there a history of having a severe thermal or chemical burn to the eye?  
*The Repatriation Medical Authority (RMA) has defined a severe thermal or chemical burn as "a burn involving at least one of the following clinical features:*
- (a) *greater than 50% involvement of the limbus or conjunctiva; or*
  - (b) *corneal anaesthesia; or*
  - (c) *a significant degree of corneal opacification; or*
  - (d) *for chemical burns only, penetration of the chemical into the anterior chamber".*

**No** - please sign the form and return it to the Department

**Yes** - which eye suffered the injury

Left eye

Right eye

*If there has been more than one severe thermal or chemical burn, please attach separate answers for each injury.*

3. Please describe in detail the circumstances of the burn, including the **date** when the burn occurred?


4. What symptoms did the veteran experience following the burn?


5. Please provide details of medical treatment received following this burn:


6. Did the acquired cataract worsen? **Note:** For the purposes of the *Veterans' Entitlement 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** - Please sign the form and return it to the Department
- Yes** - When did this occur and what do you believe to have been the cause of the worsening?


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**Details of Medical Practitioner providing advice:**

**Stamp**

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**Signature**

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