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Medical Report – Thyroid Disorder

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
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Report Detail

A claim for service related compensation in respect of the above named leads the Department to consider whether a specified thyroid disorder could contribute to (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. Would you please answer the following questions:

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

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2. Has the veteran ever had a thyroid disorder with any of the following (please tick):

 a thyroid stimulating hormone level of at least 5.0 milliunits per litre (mU/L)

 a thyroid stimulating hormone level of less than 0.5 mU/L

 serum thyroid peroxidase antibody levels of at least 10 international units per millilitre (IU/ml)

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

 **Yes -** Please provide details of the condition/s including onset, investigations conducted, and a treatment history.

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| Onset: / / |
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3. Please also attach copies of any investigations.

Details of Medical Practitioner providing advice:

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