

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

| 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 thyroid disorder could contribute to (______) in this case. Would you please answer the following questions:

1. When was the clinical onset of (_____)?

/ /

- 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.

| Onset: | / | |
|--------|---|---|
| | | |
| | | |
| | | |
| | | _ |

| | | |
|----|------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| h- | | |

3. Please also attach copies of any investigations.

Details of Medical Practitioner providing advice:

Stamp

| Si | gnature | | | | |
|----|---------|--|---|---|--|
| | | | | | |
| | | | / | / | |