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Medical Report – Overweight or Increased Waist to Hip Ratio

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 the following factors could be relevant to the development of (inset claimed condition)

in this case:

* being overweight (having a Body Mass Index of 25 or greater), or
* having a waist to hip circumference ratio exceeding 1.0 for men or 0.9 for women.

Would you please answer the following questions:

1. When was the clinical onset of (inset claimed condition)?

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| ………./………./………. |

2. Does the veteran have a history of being overweight or having an increased waist to hip circumference ratio as described above?

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

 **Yes**

3. If the BMI was 30 or greater, did the veteran require ongoing medically prescribed drug therapy for weight reduction or surgical intervention for weight reduction (other than cosmetic surgery)?

 **No**

 **Yes -** Please describe the treatment provided and the date or period of treatment:

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4. Please provide details concerning the veteran being overweight, including any weight, or waist and hip measurements and approximately when and how long those measurements were current.

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Details of Medical Practitioner providing advice:

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