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Medical Report – Atlantoaxial joint dislocation

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 any of the following factors could be relevant to the development of a rotational atlantoaxial joint dislocation in this case. Would you please answer the following questions:

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

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2. Did the veteran have an inflammatory or infectious condition involving the ear, nose or throat in the 21 days before the onset of the dislocation?

 **No -** Please go to Q3.

 **Yes -** Please give the date of onset of the condition and/or details of the nature of the injury or disease

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3. Did the veteran undergo a surgical procedure to the head or neck in the 21 days before the onset of the dislocation?

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

 **Yes -** Please give the date of onset of the condition and/or details of the nature of the injury or disease, and the date of the surgery.

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| Surgery: / / |
| Date of onset of condition: / / |
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Details of Medical Practitioner providing advice:

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