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| --- | --- | --- | --- | --- | --- | --- |
| Australian Government Crest - Department of Veteran's Affairs branding | Ear Condition(s)  Medical Impairment Assessment | | | | | |
| Veteran | | |  | | UIN |
|  | | | |  |  | |
|  | | |  | |  |
| Please assess the following condition(s): | | | | | | |

1. Please list the veteran’s symptoms.

1. How **frequently** does the veteran get symptoms?

| **Description of symptom** | **Select One** |
| --- | --- |
| **None.** |  |
| **Intermittent.** |  |
| **Frequent**. |  |
| **Everyday/Continuous.** |  |

1. Describe the **severity** of the symptoms.

| **Description of symptom** | **Select One** |
| --- | --- |
| **None or negligible** – Easily tolerated symptoms. |  |
| **Minor** – Symptoms that are tolerable much of the time. |  |
| **Moderate**. |  |
| **Severe.** |  |

1. Please list **all conditions** contributing to the reported impairment and indicate the **relative contribution.** Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

| **Condition** | **Contribution %** |
| --- | --- |
| e.g. Otitic barotrauma | 75% |
|  |  |
|  |  |
| **Total** | **100%** |

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor's signature | Doctor's name | Date | Time to complete form |
|  |  |  |  |