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| --- | --- |
| Australian Government Crest - Department of Veteran's Affairs branding | Male Reproductive SystemMedical Impairment Assessment |
| Veteran |  | UIN |
|  |  |  |
|  |  |  |
| Please assess the following conditions:  |

1. Please select **all** that apply to any anatomical loss or alteration of **testes and scrotum**.

| **Description**  | **Select**  |
| --- | --- |
| None. | [ ]  |
| Minor varicocele or hydrocele symptoms. | [ ]  |
| Moderate (e.g. varicocele with scrotal enlargement, significant scarring, scrotal malposition). | [ ]  |
| Non-scrotal positioning of testes. | [ ]  |
| Loss of single testis. | [ ]  |
| Bilateral loss of testes. | [ ]  |

At what age did loss of testes occur (if applicable)?

2. Please select **all** that apply to any anatomical loss or alteration of the **penis**.

| **Description**  | **Select**  |
| --- | --- |
| None. | [ ]  |
| Circumcision. | [ ]  |
| Scarring of penis. | [ ]  |
| Peyronie’s disease. | [ ]  |
| Loss of part of penis. | [ ]  |
| Loss of all or most of penis. | [ ]  |

 At what age did loss of penis occur (if applicable)?

1. Describe any interference with the function of the penis (consider both sexual and urinary function):

1. Please select the most accurate description of impairment of **fertility**.

| **Description**  | **Select One** |
| --- | --- |
| Normal. | [ ]  |
| Reduced fertility and / or detectable seminal abnormalities. | [ ]  |
| Complete infertility. | [ ]  |

At what age was the onset of this level of impairment?

1. Please list **all conditions** contributing to the reported impairment and indicate the **percentage 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. Testicular Cancer | 25% |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **100%** |

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