



Invalidity Income Support Supplement Claim Medical and Work Details

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

NOTE:

For invalidity income support supplement purposes, a person is considered to be permanently incapacitated for work if the person:

- is permanently blind in both eyes; or
- has a physical, intellectual or psychiatric disability(ies); and
 - the disability(ies), assessed under the impairment Tables in Schedule 1B of the *Social Security Act 1991*, is assessed at 20 points or more; and
 - is unable to work for at least 30 hours per week; and
 - the disability(ies) alone prevents them working for the next 2 years.

If you are permanently blind in both eyes this form does not need to be completed.

Your details

Please write in BLOCK letters using a blue or black pen (not pencil)

1. Your surname
2. Your given name(s)
3. Your residential address

Postcode
4. Your date of birth
5. Your DVA file no. (if known)
6. Are you currently working?
 - Yes, I am currently working hours per week
 - No, I ceased working on

Declaration and authority

- I declare that the information I have given in this form is complete and correct.
- I authorise the Department of Veterans' Affairs to obtain medical or other information needed to process my claim for invalidity income support supplement.
- I consent to the release of medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, Australian Government Departments or agencies (including Centrelink) and other organisations, in relation to this claim.

Your signature

Date

This section is to be completed by the claimant

List only the disabilities or symptoms that are preventing you from working.

1. Disability and/or symptom

How this disability prevents you from working:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

2. Disability and/or symptom

How this disability prevents you from working:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

3. Disability and/or symptom

How this disability prevents you from working:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

4. Disability and/or symptom

How this disability prevents you from working:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please attach a separate sheet if you need to list more disabilities that are preventing you from working.

Medical Details

DVA file no. (if known)

This section is to be completed by the medical examiner

Instructions for medical examiner

Please ensure that you are familiar with the instructions on this page before you commence the examination.

- Please clearly record as temporary or permanent, all the disabilities mentioned by the claimant, and any other disabilities you observe.
- An appropriate medical examination relevant to the disabilities identified is to be conducted and recorded.
- Impairment ratings (*IR*) are assigned by reference to the Work Related Impairment Tables for Centrelink's Disability Support Pension. When more than one disability is present an overall impairment rating (*IR*) is to be obtained by totalling the rating value of each disability.

Work definition: Work: means work paid at award wages or above

1. Disability 1

Provide details related to the disability/impairment of this person

Disability

Significant features of history, examination or proposed treatment

The disability is:

• **Permanent** - **Impairment rating**
Table Rating
 — **IR** pts

Why did you give this rating?

• **Temporary**

Regardless of whether the disability is permanent or temporary, how does this impairment affect the claimant's ability to work?

2. Disability 2

Provide details related to the disability/impairment of this person

Disability

Significant features of history, examination or proposed treatment

The disability is:

• **Permanent** - **Impairment rating**
Table Rating
 — **IR** pts

Why did you give this rating?

• **Temporary**

Regardless of whether the disability is permanent or temporary, how does this impairment affect the claimant's ability to work?

3. Disability 3

Provide details related to the disability/impairment of this person

Disability

Significant features of history, examination or proposed treatment

The disability is:

Permanent - **Impairment rating**
 Table Rating
 — **IR** pts

Why did you give this rating?

Temporary

Regardless of whether the disability is permanent or temporary, how does this impairment affect the claimant's ability to work?

4. Disability 4

Provide details related to the disability/impairment of this person

Disability

Significant features of history, examination or proposed treatment

The disability is:

Permanent - **Impairment rating**
 Table Rating
 — **IR** pts

Why did you give this rating?

Temporary

Regardless of whether the disability is permanent or temporary, how does this impairment affect the claimant's ability to work?

Work Details

DVA file no. (if known)

Work definition: Work: means work paid at award wages or above

5. How many hours per week does the claimant have the capacity to undertake work?

Less than 30 hours per week?

More than 30 hours per week?

Please provide comments to support your answer

6. Is the claimant's incapacity for work likely to continue for at least the next 2 years?

No - For how long is the incapacity likely to continue?

Yes

Please provide comments to support your answer

7. Does the incapacity, of itself alone, render the claimant incapable of undertaking work for periods adding up to more than 30 hours per week for at least the next 2 years?

No

Yes

Please provide comments to support your answer

'Alone' means that it is the disability that affects a person's ability to work, not factors such as education, the labour market, language skills etc.

8. Do you consider that the claimant is permanently incapacitated for invalidity income support supplement purposes (see information box on front page)?

No

Yes

Please provide comments to support your answer

9. Total Impairment Rating

IR

pts

When more than one disability is present an overall Impairment rating is to be obtained by totalling the rating value (IR) of each disability.

Certification

Medical Examiner (Please write in BLOCK letters using a blue or black pen (not pencil))

10. What are your details?

Surname and initials

Qualifications

Organisation

Telephone number

Must be signed

Signature

Date