



I (Patient Name)

DVA Client No:

of (Address)

  
 POSTCODE

Phone number

 [ ]

Date of birth

 / /

Authorise Dr

to release the medical information requested below, to Principal Medical Adviser, Department of Veterans' Affairs.

Patient's signature



Date

 / /

**Please Note:** if invited to participate, your fitness to travel will continue to be monitored until the day of departure. You may also be required to undergo further assessments to ensure you are medically fit for travel.

**To be completed by Local Medical Officer (LMO) or General Practitioner (GP)**

1. Is your patient Independent in self-care? No  Yes
2. Is your patient Independently mobile (without walking aids)? No  Yes
3. Is your patient able to walk up to 300 metres without assistance and undue breathlessness? No  Yes
4. Does your patient have incontinence of bladder and bowel? No  Yes
5. Would your patient cope with the effects of air travel? Including changes to their familiar routines and irritants of travel, e.g. security checks at airports, interpersonal crowding etc? No  Yes

If the answer to any of the Questions 1 - 3 and 5 above is "No" and the answer to Question 4 is "Yes", please provide further information below:

Patient name

**Does your patient have a history of:**

6. Unstable medical disorders (angina, diabetes, anaemia etc)? No  Yes
7. Confusional state, short-term memory loss or any issues related to cognitive function? No  Yes
8. Anxiety or any neurological disorder/psychiatric disorder? No  Yes
9. Serious illness? No  Yes
10. Deep vein thrombosis? No  Yes
11. Musculoskeletal conditions? No  Yes
12. Cardiovascular conditions? No  Yes
13. Gastrointestinal conditions? No  Yes
14. Respiratory, pulmonary and/or ear, nose and throat conditions? No  Yes
15. Ophthalmological conditions? No  Yes
16. Any other health conditions? No  Yes

If the answer to any of the Questions 6 - 16 above is "Yes", please provide further information below:


**Please also state:**

<b>Current observations:</b>	
BP <input type="text"/> / <input type="text"/>	HbA1c for Diabetic Patients <input type="text"/>
Pulse <input type="text"/>	BPM (Regular/Irregular)

**Could you also please state:**

**Current health problems/allergies:**


**Hospital admissions in the last 6 months. Please provide details of any medical or surgical procedures:**


**Current medications (attach printout or a list if space insufficient):**


**Patient name**

**Special needs/Aids and Appliances:**

**LMO or GP's Assessment of patient fitness to undertake trip (please tick)**  Fit  Unfit  Uncertain

**Doctor's name**

**Address**   
 POSTCODE

**Provider number**

**Telephone number** [  ]

**Signature**   **Date**  /  /

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**Due Date for Submission of completed form: 1700hrs AEST Friday, 16 June 2017**

In accordance with the Australian Government's Digital Transition Policy, the Department of Veterans' Affairs is aiming to decrease its use of paper. You are encouraged to submit this completed form to DVA as a scanned document (preferably as .pdf file) attached to an email. You can email this completed form to [anzaccentenaryprojects2@dva.gov.au](mailto:anzaccentenaryprojects2@dva.gov.au)

**If you have any questions please contact Kylie Robinson on (02) 6289 6057**

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**THANK YOU FOR YOUR ASSISTANCE**