



Specific Injury Questionnaire

(NOT for gradual onset or disease claims)

Name

Injury

Please Note: The information requested in this report will assist your DVA case manager to investigate your claim(s). The more information that you can provide in support of your claim, the more likely it will be that your claim can be investigated in an efficient and timely manner.

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.](#)

1. **What was the date of the injury?**

2. **When was the approximate time of the injury?**

3. **Where were you when the injury occurred (e.g. Enoggera Barracks, HMAS Stirling, RAAF Base Wagga)?**

4. **Describe how the injury occurred (e.g. running on uneven ground, slipped and fell onto right knee during PT at Robertson Barracks).**

5. **Describe the activity you were undertaking at the time of the injury (e.g. running during a BFA, playing soccer during PT session, playing civilian sport).**

6. **When was the activity taking place?**

During working hours

Outside working hours

7. **What were your official hours of duty on the day of the injury?**

From To

8. **If the activity you were participating in occurred whilst you were off duty (e.g. during civilian sport), did you have approval to participate in that activity?**

N/A

No

Yes - if you are still serving, please obtain a copy of signed approval and provide it to your compensation case manager as soon as possible.

9. Describe the symptoms of the injury as accurately as possible (i.e. pain, stiffness, loss of range of movement, bleeding, swelling, numbness, pins and needles etc.)

| |
|--|
| |
| |
| |
| |
| |
| |
| |

10. How long did the symptoms last? (i.e. 1 hour, 1 day, etc. or symptoms still ongoing).

| |
|--|
| |
| |
| |

11. Describe any medical attention you received at the time of and/or immediately after the injury. If no treatment was sought, please explain why you did not.

| |
|--|
| |
| |
| |

12. Were there any other Defence members that were witness to the injury/accident?

No

Yes - please provide their name (including rank) and contact details: (alternatively, you can ask them to provide a witness statement).

| |
|--|
| |
| |
| |
| |

13. Did you complete an AC563 OH&S Incident Report for this injury?

No

Yes - if you are still serving, please obtain a copy of the signed AC563 and provide it to your compensation case manager as soon as possible.

14. Any other details you believe are relevant to the injury?

| |
|--|
| |
| |
| |

Please attach separate page(s) if required.

15. Your name

| |
|--|
| |
|--|

16. Your signature

| | |
|---|------|
|  | Date |
| | / / |