DefVetBridge Claim Pack

Left ear and hearing

PREPARED FOR

Howard James GREEN

DVA file number **QXX00001**
Service number **D4419307**

PREPARED BY

DefVetBridge
An independent tool that organises a veteran's own records. Not part of DVA.

DATE PREPARED

13/10/2026

CONDITIONS COVERED IN THIS DOCUMENT

Left ear and hearing

- Reduced hearing
- Bilateral noise-induced high-frequency hearing loss
- Tinnitus

Prepared with DefVetBridge from your own records. It organises evidence; it is not legal or medical advice and does not predict the outcome of a claim.

Want DefVetBridge for your own claim? Register your interest:
www.defvetbridge.com/#interest

DVB v0.3.302

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

What this pack is, and what to do with it

What it is

This is your claim pack for DVA. DefVetBridge has gathered your own records, matched them to the rules DVA uses to decide your condition (the Statements of Principles), and put the evidence in one place with the forms filled in from what you told us. It organises evidence. It does not send anything to DVA, and it is not legal or medical advice. It cannot say how DVA will decide.

How this pack is put together

The pack has 2 parts. Each one starts with a green divider page carrying the DefVetBridge logo, so you can see where you are when you flick through.

Part 1: Forms	The DVA forms, pre-filled from your records.	Page 5
Part 2: Evidence (Left ear and hearing)	The evidence index, then the Cited pages: the exact pages that show where each factor is supported.	Page 33

> **Cited page and Original.** A **Cited page** is the single page that shows where a factor is supported, with the cited lines highlighted. Its **Original** is the same page inside the complete document in the Core reference files. Click either link, or the strip at the top of an evidence page, to jump between them. A document of one page appears once, as its Cited page. A long document is attached only when a page of it is cited, so nothing is in the pack without a reason. Every page number in the contents is a link too.

What to do with it

1. **Read it through.** Check every pre-filled answer on the forms. If something is wrong, fix it in DefVetBridge and make the pack again, or correct it by hand on the form.
2. **Take it to your doctor (GP) or your treating specialist.** Ask them to complete the medical practitioner section of each D2049 form. DefVetBridge leaves that section blank on purpose: only a doctor can complete it. Bring this whole pack so they can see the evidence behind the claim.
3. **Ask them for current records.** DVA wants records from **after** you left the ADF as well: a recent specialist report and your GP's complete patient record (not a summary). If you do not have these yet, ask for them now.
4. **Sign and date the forms yourself.** Nobody else can sign for you.
5. **Lodge the claim yourself** with DVA (online through MyService, or by post). You can ask a free, accredited veterans' advocate to look it over first, which is a good idea if the claim is complicated.
6. **Keep a copy** of everything you lodge, and note the date.

What is claimed in this pack

- Reduced hearing (Statement of Principles: Conductive Hearing Loss) · evidence: **Partial**
- Bilateral noise-induced high-frequency hearing loss (Statement of Principles: Sensorineural Hearing Loss) · evidence: **Partial**
- Tinnitus (Statement of Principles: Tinnitus) · evidence: **Partial**

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Evidence strength describes the evidence in this pack, not the outcome of the claim: DVA decides each claim on the evidence and the Statement of Principles.

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Contents

Each page number below, every Cited page and Original link in the index, and the strip at the top of every evidence page is a link.

Part 1: Forms — Page 5
- Forms in this pack — Page 6
  - D2051 Claim for compensation: main form — Page 7
  - Claim 1 of 3: Reduced hearing — Page 17
    - D2051 injury or disease details sheet 1: Reduced hearing — Page 18
  - Claim 2 of 3: Bilateral noise-induced high-frequency hearing loss — Page 21
    - D2051 injury or disease details sheet 2: Bilateral noise-induced high-frequency hearing loss — Page 23
  - Claim 3 of 3: Tinnitus — Page 26
    - D2051 injury or disease details sheet 3: Tinnitus — Page 30

Part 2: Evidence (Left ear and hearing) — Page 33
- Evidence index — Page 34
- Cited pages (E1-E14) — Page 45

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

PART 1 OF 2

Forms

The DVA forms, pre-filled from your records.

To check and sign, and for your doctor to complete

Medical in Confidence Generated 13/10/2026 09:25 AEST
SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Forms in this pack

The DVA forms for this claim, pre-filled from your records: the D2051 claim, then one D2049 for each condition. Check every answer, then sign and date them yourself. Your doctor completes the medical section of each D2049; DVB never fills it. An answer too long for its box continues on a sheet straight after that form.

- D2051 Claim for compensation: main form
- Claim 1 of 3: Reduced hearing
  - D2051 injury or disease details sheet 1: Reduced hearing
- Claim 2 of 3: Bilateral noise-induced high-frequency hearing loss
  - D2051 injury or disease details sheet 2: Bilateral noise-induced high-frequency hearing loss
- Claim 3 of 3: Tinnitus
  - D2051 injury or disease details sheet 3: Tinnitus

Australian Government
Department of Veterans' Affairs

Claim for Liability and/or Reassessment of Compensation

When to use this form

Use this form to claim for a service-related injury or disease, or to request a reassessment of existing compensation. It is for serving and former ADF members, including Reservists and cadets, to claim for a condition, or where a condition has worsened or circumstances have changed.

For more information go to www.dva.gov.au/making-a-claim.

Online services

The easiest way to submit and track claims or provide additional information is to use MyService. Go to www.dva.gov.au/myservice to create an account or sign in to your existing one.

Proof of identity

When you lodge a claim, you must prove your identity. You can do this by providing original documents or certified copies from our approved list. Find out more at www.dva.gov.au/poi

Returning this form

Check that you have answered all the questions you need to and that you have signed and dated the form. You can provide this information by:

- emailing a PDF version to compensation.claims@dva.gov.au
- mailing to:
  Department of Veterans' Affairs
  GPO Box 9998
  Brisbane QLD 4001
- visiting a DVA Veterans Access Network (VAN).

Help from an advocate

Engaging with an ex-service organisation (ESO) can be helpful. ESOs offer qualified and experienced advocates who understand DVA processes and legislation. These services are available to you and your family at no cost. You can nominate a representative or advocate in MyService at any stage of your claim.

Some advocacy services that are not ESOs may charge fees. Using a fee-for-service provider does not guarantee results or faster processing.

Please visit www.dva.gov.au/ESO or www.advocateregister.org.au for information on advocacy services.

Support options

If you have any questions or need help filling in this form, call us on 1800 VETERAN (1800 838 372) or visit a DVA office to talk to someone in person. Go to www.dva.gov.au/location-finder to find an office near you.

Open Arms – Veterans & Families Counselling is a free and confidential 24-hour service for current and ex-serving ADF members and families. Call 1800 011 046 or go to www.OpenArms.gov.au to get support or find out more.

For interpreter, hearing or speech impairment assistance, go to www.dva.gov.au/accessibility

Privacy notice

The Department of Veterans' Affairs (DVA) collects, uses and discloses personal information to perform its functions, and as authorised by its portfolio legislation. This includes managing claims, payments, programs, treatment, and services and activities that support the health and wellbeing of veterans and families of veterans. We also use this information to improve our services and meet our legal responsibilities, as further detailed in our collection notices and the privacy policy linked below.

We may collect personal information from you directly through this form, as well as from medical practitioners and contracted service providers who assist DVA in delivering claims, treatment, services and wellbeing-related programs. We may disclose personal information to these providers and to other Commonwealth agencies where required to perform our functions or by law. DVA may disclose personal information to overseas recipients in limited circumstances, including where necessary to deliver services offshore or to support commemorative and memorial functions, as outlined in our Privacy Policy.

If you do not provide information requested in this form, DVA may be unable to assess your claim or provide the relevant services, treatment or wellbeing support.

For more information about how DVA collects, manages and protects your personal information, including how to access or correct it or make a privacy complaint, visit www.dva.gov.au/privacy and www.dva.gov.au/dva-privacy-policy to read our privacy policy.

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

PART A — Representative details

1. Do you wish to nominate a representative or organisation to act for you in matters related to this claim?

No ☐ ▶ Please go to **PART B**

Yes ☐ ▶ Representative type

☐ Ex-Service Organisation ☐ Legal ☐ Other

Full name

Organisation name *(if applicable)*

Is the representative trained under the Training and Information Program (TIP), or Advocacy Training and Development Program (ATDP)?

No ☐ Yes ☐ ▶ To what level?

Address

POSTCODE

Telephone

Home [ ] Work [ ]

Mobile Facsimile [ ]

Email address

The nominated representative must also sign this form on page 9

PART B — Personal details

2. DVA file number/UIN (if known) Q X X 0 0 0 0 1

3. Title *(Mr, Mrs, Ms, Dr, etc.)* Mr

4. Surname G R E E N

5. Given name(s) H o w a r d

J a m e s

6. Previous name *(if applicable)*

▶ Type of name (e.g. maiden name)

Attach certified copies or documentary evidence of your name change.

7. Date of birth (dd/mm/yyyy) 1 4 0 3 1 9 7 1

8. Sex recorded at birth Male ☑ Female ☐

This information is required only to determine life expectancy for actuarial calculations. Your gender identity and lived experience are respected and do not affect this question.

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

PART B – PERSONAL DETAILS *continued...*

9. Residential address

14 Wattle Court

Kilmoor QLD POSTCODE 4352

10. Postal address *(if different from residential address)*

POSTCODE

11 Contact details

Phone number 0400 000 004

Email address

12. Next-of-kin's name

Relationship to veteran/member

Next-of-kin's address

13. Next-of-kin's telephone numbers

Work

Home

Mobile

E-mail

PART C Service details

14. Please indicate if you are a: *(tick any which apply)*

Full Time Serving member ☐ Former member ☑ Reservist ☐ Cadet ☐

Other ☐ Please specify

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

15. Please provide known details of your service in the Australian Defence Force

Service No/PMKeys No.	Arm of the services	Unit *(if still serving)*	Enlistment and discharge dates	Rank and Pay Group *(at discharge if discharged or currently if still serving)*
D4419307	Army	24 Combat Wombat Platoon	08/01/1990 to 11/04/2008	Sergeant
			/ / to / /	
			/ / to / /	
			/ / to / /	
			/ / to / /	
			/ / to / /	

If you have other periods of service in the Australian Defence Force, please attach further details.

PART D About your injury or disease

Please complete and attach a separate **Injury or Disease Details Sheet (located at the back of this form)** for **every** injury or disease you are now claiming (Question **16**) or reassessment of previously accepted injuries or diseases (Question **17**), please download as necessary or ask DVA for extra copies.

Please attach supporting medical and service information as indicated on the **Injury or Disease Details Sheet**.

☑ Claim for acceptance of liability for service related injuries or diseases that have not yet been accepted.

16. List all the injuries or diseases you are now claiming for.
Please attach a separate sheet if you wish to claim more than six conditions, or if more than six conditions have become worse.

1. Reduced hearing	2. Bilateral noise-induced high-frequency hearing lo
3. Tinnitus	4.
5.	6.

☐ Reassessment of previously accepted injuries or diseases.

17. List all previously accepted injuries or diseases which have become worse which you wish to have reassessed.
Please attach a separate sheet if you wish to claim more than six conditions, or if more than six conditions have become worse.

1.	2.
3.	4.
5.	6.

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

18. Have the injuries or diseases you are now claiming affected your employment/performance of duties in the ADF or your ability to seek employment at any time?

No ☐

Yes ☐ ▶ Please give details

If insufficient space, please attach a separate sheet

IMPORTANT - If liability is accepted you may be entitled to a supplement allowance paid fortnightly into an account at an Australian bank, credit union or building society.

19. Provide details of the Australian account you want your benefits to be paid into

Name of bank, credit union or building society

Branch

Address

POSTCODE

Account in the name of

Account number

BSB number

Account type (e.g. savings)

PART E Tobacco and Alcohol

IMPORTANT - Some conditions may be caused, contributed to or aggravated by tobacco or alcohol consumption. If you believe that tobacco or alcohol consumption is relevant to any of the causes of your condition/s, more information may be needed by the person handling your claim. Please tick the relevant boxes below so that the correct questionnaire can be sent to you or your representative.

20. Did you ever smoke?

No ☐

Yes ☐

21. Did you ever consume alcohol?

No ☐

Yes ☐

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

PART F Current General Practitioner or Medical Officer

22. General Practitioner's or Medical Officer's name

23. Address

24. Telephone number

PART G About the benefits you are seeking

25. If it is determined that there is liability to pay you compensation, what benefits are you seeking?
The person handling your claim will conduct a needs assessment to determine all your requirements for these benefits.

- ☐ Incapacity payments (to replace income lost due to incapacity for service or work)
- ☐ Treatment
- ☐ Rehabilitation
- ☐ Attendant care services
- ☐ Household care services
- ☐ Vehicles modifications
- ☐ Permanent impairment compensation (for permanent physical or psychological disability)
- ☐ Don't know, please contact me

26 If you are claiming for a mental health condition, are currently unable to work more than eight hours per week and require financial assistance, you may be eligible for veteran payment.

Veteran payment provides financial assistance while your liability claim for a mental health condition is determined. For further information refer to www.dva.gov.au/veteran-payment

Would you like DVA to assess your eligibility for veteran payment?

No ☐ ▶ Please continue to **PART H**

Yes ☐ ▶ Please complete *Form D9333 Veteran Payment Details* and submit with this claim.

PART H Other payments

DVA PAYMENTS

27. Do you currently receive compensation or a disability compensation payment from DVA?

No ☐

Yes ☐ ▶ Name of payment (e.g. disability compensation payment, MCRS payments)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

COMMON LAW DAMAGES

28. Have you claimed, or do you intend to claim common law damages against the Commonwealth or a third party in relation to any of the claimed injuries or diseases?

PLEASE NOTE: You must notify DVA in writing of the claim as soon as reasonably practicable but no later than 7 days after the day on which you make a common law claim. You are also legally obligated to notify DVA in writing within 28 days of recovering any damages, including advising of the date of the recovery and the amount of damages. Failure to do so is an offence.

No ☐

Yes ☐ ▶ Please give details - including Australian Government Department or third party name.

Nature of injury or disease	Name of compensation provider	Date of claim	Reference number
		/ /	
		/ /	

PAYMENTS FROM AGENCIES OTHER THAN DVA FOR CLAIMED INJURIES OR DISEASES

29. Are you already receiving, have you previously received or have you applied for, any payments in relation to any of the claimed injuries or diseases?

If you lodge a claim for any other pension, benefit or allowance while this claim is being processed or after liability is accepted, you MUST advise DVA.

No ☐

Yes ☐ ▶ Please give details

Type of income	Reference number	Type of payment	Conditions
Centrelink benefits			
Commonwealth Superannuation Corporation (CSC) benefits - including DFRDB or MSBS			
COMCARE			

Other *(please give details)*

Type of benefit or pension	Name and address of source	Date of claim	Reference number *(if known)*
		/ /	
		/ /	
		/ /	

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

PART I Authorisations and declarations

I authorise DVA to obtain information and/or reports from medical practitioners, hospitals, clinics, insurance companies, Commonwealth Departments or Agencies, or other organisations in relation to this claim or its review.

The authority to obtain information relevant to your claim is contained in the provisions of the portfolio legislation. I understand the information sought on the claim form is required to assess my eligibililty for compensation that may be applicable to the injury or disease which I am now claiming.

I agree that DVA may request from the Department of Defence information about my full service and medical history so that a comprehensive assessment of eligibility may be undertaken.

I agree that DVA may use personal information about me and disclose that information to other agencies and bodies, where DVA or those other agencies or bodies have a legitimate interest in such personal information *(refer to the list of such agencies or bodies below)*.

I authorise the Nominated Representative as in Question **1** noted on page 2 to represent me in respect of this claim and any review of a decision relating to this claim. This authorisation includes access to my personal information for purposes related to this claim and will continue until I:

- revoke this authorisation; or
- nominate another representative to represent me.

I declare that:

- the information I have given on this form and on any other attachments is true and accurate;
- I am aware that I must advise DVA:
  - immediately if I engage in any employment (whether paid, unpaid or voluntary) or if I engage in running a business in my own right or as a partner during any period when I am medically certified to be unfit for work due to the injury or disease to which this claim for compensation relates; or
  - immediately if, during any period of certified incapacity for work, my injury or disease improves sufficiently to allow me to return to work; or
  - if I receive any monies by way of third party damages or other compensation mechanism for any injury or disease; or
  - if I lodge a claim for any other pension, benefit or allowance while this claim is being processed.
- I am aware that any compensation monies which I may be paid as a result of any false or misleading claim or statement will be recovered by DVA;
- I am aware that a copy of this claim form may be sent to the Department of Defence where authorised by legislation;
- I am aware that it is an offence for making a false or misleading statement.

Organisations we share information with

The information contained on the claim form may also be provided to another agency or body for their lawful purposes. These agencies or bodies include:

- the Repatriation Commission;
- the Department of Defence (including a serving member's Service Chief);
- Centrelink;
- the Australian Taxation Office;
- the Child Support Agency;
- Medicare Australia;
- other State or Territory authorities to verify your eligibility for rebates or concessions relating to rates, electricity, transport, motor vehicles and ambulance;
- the legal representatives of the Department of Defence in relation to any common law (third party) damages action;

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

- Commonwealth Superannuation Corporation (CSC) (regarding any Commonwealth superannuation entitlements you may have);
- Commonwealth, State and Territory workers' compensation authorities in relation to a similar injury or disease;
- doctors, hospitals and other health care professionals who have provided you with treatment or who are requested to assist in the investigation of your claim;
- your current and/or previous employer(s).

NOTE: The signature blocks on this page relate to the authorisation and declaration statements on page 8 of this form.

Claimant signature

CLAIMANT SIGNATURE

Date / /

By signing this form, in addition to the authorisations and declarations I make under Part I on the previous page, I declare that I am aware of the extent of information that will be collected by DVA to allow a comprehensive assessment of this claim.

The authorisation and declaration above must be signed by you or, if you cannot sign yourself due to physical or mental incapacity, your authorised representative will sign on your behalf.

NOTE: If the form is to be signed by your Legal Representative or approved person they must also complete **PART J** below.

Nominated representative signature

I am the representative nominated in Question **1** of this form. I assisted the claimant to complete this claim form ensuring that the contents accurately reflect the claimant's statements. I acknowledge that I have been nominated by the claimant to represent them in matters related to this claim and I will treat the information shared in a secure and confidential manner in order to maintain the claimant's privacy.

I consent to the use of my contact and personal information, provided at Question **1**, for communication and authentication purposes by DVA in relation to this claim.

NOMINATED REPRESENTATIVE SIGNATURE

Date / /

PART J Legal Representative's authority to act

Authority to act on behalf of the claimant.

Details of the person who is legally authorised to act on behalf of the claimant.

Please attach a certified copy of the instrument conferring authority to act on the claimant's behalf.

Full name

Address

POSTCODE

Telephone

Home | Work | Mobile

SIGNATURE OF LEGAL REPRESENTATIVE

Date / /

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

IMPORTANT

Australian Government

Department of Veterans' Affairs

DVA Rehabilitation & Compensation Claim Checklist

This checklist will help you make sure you haven't missed anything before you submit your claim:

- [x] Claim for Liability and/or Reassessment of Compensation (D2051)
  - [ ] Injury or Disease Details Sheet at the end of this form completed and signed by a treating doctor (see Q16).

    NOTE: To help prevent delays in processing your claim and prior to lodging this form, it is essential that you complete and attach a separate injury or disease details form for every injury or disease you have listed at Question 16. A medical practitioner should then complete the medical practitioner portion of the form and provide a diagnosis for the same injury or disease listed at Question 16. If you need more injury or disease details forms you can photocopy a blank form or download them from the DVA website www.dva.gov.au or phone DVA on 1800 VETERAN (1800 838 372).

- [ ] **Proof of Identity Documents** - When you lodge a claim with us you must prove your identity. You can establish your identity by providing original documents or certified copies from our approved list. Find out more at www.dva.gov.au/poi.
- [ ] **A statement/contention** should be provided with your claim describing how your condition is related to your ADF employment

Supporting Documents - if you're still in the ADF and have access to your documentation, please provide as many of the following documents (relevant to your claim) as you can. This will help us assess your claim as quickly as possible:

- [ ] A copy of your service history (PMKeyS ADO Full Service Record)
- [ ] ADF medical documents from your ADF Medical Record including:
  - Entry Medical board questionnaire
  - Clinical notes
  - Specialists reports
  - Scans/MRI/x-ray reports
  - Discharge medical information
- [ ] Your most recent SVA/ADF payslip
- [ ] Incident report - AC563 (if completed)
- [ ] Witness statement(s) if appropriate
- [ ] Authority to Participate in Civilian Sport (if appropriate)
- [ ] Hazardous Material Exposure Report (if appropriate)

If you've left the service or you don't have access to your documents, we can request this information directly from the ADF, including any discharge information on your behalf.

Don't forget to:

- [ ] Sign the authorisation and declaration on the claim form

Please ensure you have obtained a diagnosis prior to lodging the claim form.

If you need assistance contact the Department of Veterans' Affairs on **1800 VETERAN (1800 838 372)** or go to the DVA website **www.dva.gov.au**

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Claim 1 of 3: Reduced hearing

Claiming for	Reduced hearing
Statement of Principles	Conductive Hearing Loss
Injury	Left ear and hearing
Initial injury found in the records	Bilateral noise-induced high-frequency hearing loss, first recorded 05/07/2001 (service period 1: 08/01/1990 to 11/04/2008)
Form that follows	D2051 injury or disease details sheet 1: Reduced hearing
When did the injury happen	05/07/2001, from “Bilateral noise-induced high-frequency hearing loss”, first recorded in service 05/07/2001 Reference
When did you first notice signs or symptoms	05/07/2001, from “Bilateral noise-induced high-frequency hearing loss”, first recorded in service 05/07/2001 (same as the initial injury) Reference
On what date did you first receive medical treatment	20/12/2004, the first clinical entry about this injury: “20/12/2004” Reference

Evidence strength: Partial

4 factors backed by a document (9.4, 9.5, 9.16, 9.17)
A supporting document is dated in service (18/03/1999)
The latest record naming the condition is from 09/03/2010: a current diagnosis is needed
Every supporting quote is found and checked on its page
3 documents support this claim

Evidence strength describes the evidence in this pack, not the outcome of the claim: DVA decides each claim on the evidence and the Statement of Principles.

Evidence for this claim

Factor	Document	Pack
9.4 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), within the seven days before the clinical onset of conductive hearing loss;	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	E1
9.17 being exposed to an explosive blast within the seven days before the clinical worsening of conductive hearing loss;	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	E3
9.5 being exposed to an explosive blast within the seven days before the clinical onset of conductive hearing loss;	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	E3
9.16 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), within the seven days before the clinical worsening of conductive hearing loss;	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.4 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), within the seven days before the clinical onset of conductive hearing loss;	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4

Before you sign

- The two dates above are the dates first RECORDED in your service records; each Reference opens the page it comes from. If you know the actual date, correct it.
- Your doctor completes the medical practitioner section; DVB never fills it.

Australian Government
Department of Veterans' Affairs

Injury or disease details sheet

Surname	Given name(s)	DVA file number(s) (if known)
GREEN	Howard James	QXX00001

Please fill out one sheet per injury or disease for which you are now claiming liability at Question 16. If this is a reassessment, do not complete this sheet.

Please detail the injury or disease you are now claiming and describe as fully as you can the signs and symptoms that make you notice the disability (e.g. pain in lower back, shortness of breath, loss of range of movement in right arm).

You are requested to ask your doctor to fill in the Medical Practitioner section on the next page before lodging your claim.

Injury or disease

Reduced hearing

Signs and symptoms

Condition: Reduced hearing.
The following records on file document this condition:
(continued on the attached continuation sheet)

How do you believe your service caused, contributed to or aggravated this injury or disease?

Statement of Principles: Conductive Hearing Loss (81/2019 / 82/2019).

Factors with supporting records on file:
(continued on the attached continuation sheet)

If insufficient space, please attach a separate sheet

When did the injury happen (if applicable)?

05/07/2001 Reference

Has a Defence injury report been completed?

No ☐ Yes ☐ Please attach the Defence injury report. Do not know ☐

When did you first notice signs or symptoms of the injury or disease?

05/07/2001 Reference

On what date did you first receive medical treatment for this injury or disease?

20/12/2004 (if known) Reference

Name of your treating medical practitioner/hospital/specialist

For claimed conditions

Type of treatment or consultation provided (e.g. GP, specialist)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Surname	Given name(s)	DVA file number(s) (if known)
GREEN	Howard James	QXX00001

This section to be filled in by a medical practitioner

Please supply a brief summary of the basis for each diagnosis and attach any reports you have that confirm the diagnosis. If you were issued with a TRN, DVA will pay you for this service according to the relevant fee levels for the service and DVA's Fee notes for GPs and specialists. For more information go to www.dva.gov.au/providers/fees-claims/fee-notes-for-gps-and-specialists

Medical diagnosis

Basis for diagnosis

Is this diagnosis Confirmed ☐ Provisional ☐

When did the claimant first consult you for this injury or disease? / /

Please advise approximate date of onset of the injury or disease based on available notes / /

Address

POSTCODE

Telephone [ ]

Medical practitioner stamp
(Please include Provider Number)

MEDICAL PRACTITIONER'S SIGNATURE

Date / /

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Continuation sheet: D2051 — Claim for Compensation (MRCA)

Signs and symptoms

Condition: Reduced hearing.
The following records on file document this condition:
- Range incident report describing a premature detonation of a 400 g charge during an... (16/09/2004)
- A military medical officer's consultation note documents acute acoustic trauma with... (16/09/2004)
- An Army hearing conservation noise exposure register assessing a troop sergeant's... (18/03/1999)

How do you believe your service caused, contributed to or aggravated this injury or disease?

Statement of Principles: Conductive Hearing Loss (81/2019 / 82/2019).

Factors with supporting records on file:
- Factor 9.16: being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), within the seven days before the clinical worsening of conductive hearing loss;
    Supported by: A military medical officer's consultation note documents acute acoustic trauma with... (16/09/2004)
- Factor 9.17: being exposed to an explosive blast within the seven days before the clinical worsening of conductive hearing loss;
    Supported by: Range incident report describing a premature detonation of a 400 g charge during an... [continued in attached evidence schedule]

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Claim 2 of 3: Bilateral noise-induced high-frequency hearing loss

Claiming for	Bilateral noise-induced high-frequency hearing loss
Statement of Principles	Sensorineural Hearing Loss
Injury	Left ear and hearing
Initial injury found in the records	Bilateral noise-induced high-frequency hearing loss, first recorded 05/07/2001 (service period 1: 08/01/1990 to 11/04/2008)
Form that follows	D2051 injury or disease details sheet 2: Bilateral noise-induced high-frequency hearing loss
When did the injury happen	05/07/2001, from “Bilateral noise-induced high-frequency hearing loss”, first recorded in service 05/07/2001 Reference
When did you first notice signs or symptoms	05/07/2001, from “Bilateral noise-induced high-frequency hearing loss”, first recorded in service 05/07/2001 (same as the initial injury) Reference
On what date did you first receive medical treatment	20/12/2004, the first clinical entry about this injury: “20/12/2004” Reference

Evidence strength: Partial

8 factors backed by a document (9.1, 9.2, 9.3, 9.24, 9.29, 9.30, 9.31, 9.55)
A supporting document is dated in service (18/03/1999)
The latest record naming the condition is from 15/04/2019: a current diagnosis is needed
1 of 14 evidence entries have no checked quote on a page
8 documents support this claim

Evidence strength describes the evidence in this pack, not the outcome of the claim: DVA decides each claim on the evidence and the Statement of Principles.

Evidence for this claim

Factor	Document	Pack
9.1 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	E1
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical onset of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	E1
9.29 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical worsening of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	E1
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical worsening of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	E1
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical onset of sensorineural hearing loss	Annual audiometry record from July 2001, 05/07/2001	E2
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at	Annual audiometry record from July 2001, 05/07/2001	E2

least one year, before the clinical worsening of sensorineural hearing loss		
9.31 being exposed to an explosive blast within the 30 days before the clinical worsening of sensorineural hearing loss	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	E5
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical worsening of sensorineural hearing loss	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	E6
9.55 inhaling, ingesting or having cutaneous contact with an agent from the specified list of chemical agents, for a cumulative period of at least 2 500 hours within a continuous period of five years, before the clinical worsening of sensorineural hearing loss, and where that exposure has ceased, the clinical worsening of sensorineural hearing loss has occurred within two years of cessation	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	E6
9.24 having blunt trauma, penetrating trauma or surgery to the cochlea or auditory nerve of the affected side, within the five years before the clinical onset of sensorineural hearing loss	A military medical employment classification review in which the senior medical officer..., 18/11/2007	E7
9.3 being exposed to an explosive blast within the 30 days before the clinical onset of sensorineural hearing loss	A GP referral to audiology, 10/02/2016	E12
9.31 being exposed to an explosive blast within the 30 days before the clinical worsening of sensorineural hearing loss	A GP referral to audiology, 10/02/2016	E12
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical worsening of sensorineural hearing loss	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical onset of sensorineural hearing loss	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	E14

Before you sign

- The two dates above are the dates first RECORDED in your service records; each Reference opens the page it comes from. If you know the actual date, correct it.
- Your doctor completes the medical practitioner section; DVB never fills it.

Australian Government
Department of Veterans' Affairs

Injury or disease details sheet

Surname	Given name(s)	DVA file number(s) (if known)
GREEN	Howard James	QXX00001

This section to be filled in by the claimant

Please fill out one sheet per injury or disease for which you are now claiming liability at Question 16. If this is a reassessment, do not complete this sheet.

Please detail the injury or disease you are now claiming and describe as fully as you can the signs and symptoms that make you notice the disability (e.g. pain in lower back, shortness of breath, loss of range of movement in right arm).

You are requested to ask your doctor to fill in the Medical Practitioner section on the next page before lodging your claim.

Injury or disease

Bilateral noise-induced high-frequency hearing loss

Signs and symptoms

Condition: Bilateral noise-induced high-frequency hearing loss.
The following records on file document this condition:
(continued on the attached continuation sheet)

How do you believe your service caused, contributed to or aggravated this injury or disease?

Statement of Principles: Sensorineural Hearing Loss (98/2019 / 99/2019).

Factors with supporting records on file:
(continued on the attached continuation sheet)

If insufficient space, please attach a separate sheet

When did the injury happen (if applicable)?

05/07/2001 Reference

Has a Defence injury report been completed?

No ☐ Yes ☐ Please attach the Defence injury report. Do not know ☐

When did you first notice signs or symptoms of the injury or disease?

05/07/2001 Reference

On what date did you first receive medical treatment for this injury or disease?

20/12/2004 (if known) Reference

Name of your treating medical practitioner/hospital/specialist

For claimed conditions

Type of treatment or consultation provided (e.g. GP, specialist)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Surname	Given name(s)	DVA file number(s) (if known)
GREEN	Howard James	QXX00001

This section to be filled in by a medical practitioner

Please supply a brief summary of the basis for each diagnosis and attach any reports you have that confirm the diagnosis. If you were issued with a TRN, DVA will pay you for this service according to the relevant fee levels for the service and DVA's Fee notes for GPs and specialists. For more information see: https://www.dva.gov.au/providers/fees-claims/fee-notes-for-gps-and-specialists

Medical diagnosis

Basis for diagnosis

Is this diagnosis Confirmed ☐ Provisional ☐

When did the claimant first consult you for this injury or disease? / /

Please advise approximate date of onset of the injury or disease based on available notes / /

Address

POSTCODE

Telephone [ ]

Medical practitioner stamp
(Please include Provider Number)

MEDICAL PRACTITIONER'S SIGNATURE

Date / /

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Continuation sheet: D2051 — Claim for Compensation (MRCA)

Signs and symptoms

Condition: Bilateral noise-induced high-frequency hearing loss.
The following records on file document this condition:
- ENT specialist letter to the referring GP reviewing a patient with constant bilateral... (18/05/2017)
- Audiological assessment in March 2016 of a former Army member with a history of... (02/03/2016)
- A GP referral to audiology (10/02/2016)
- A military medical employment classification review in which the senior medical officer... (18/11/2007)
- Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing... (13/06/2007)
- Three-month audiometry follow-up after acoustic trauma shows partial recovery of the... (20/12/2004)
- Annual audiometry record from July 2001 (05/07/2001)
- An Army hearing conservation noise exposure register assessing a troop sergeant's... (18/03/1999)

How do you believe your service caused, contributed to or aggravated this injury or disease?

Statement of Principles: Sensorineural Hearing Loss (98/2019 / 99/2019).

Factors with supporting records on file:
- Factor 9.1: being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of sensorineural hearing loss
    Supported by: An Army hearing conservation noise exposure register assessing a troop sergeant's... (18/03/1999)
- Factor 9.2: being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical onset of sensorineural hearing loss
    Supported by: ENT specialist letter to the referring GP reviewing a patient with constant bilateral... [continued in attached evidence schedule]

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Claim 3 of 3: Tinnitus

Claiming for	Tinnitus
Statement of Principles	Tinnitus
Injury	Left ear and hearing
Initial injury found in the records	Bilateral noise-induced high-frequency hearing loss, first recorded 05/07/2001 (service period 1: 08/01/1990 to 11/04/2008)
Form that follows	D2051 injury or disease details sheet 3: Tinnitus
When did the injury happen	05/07/2001, from “Bilateral noise-induced high-frequency hearing loss”, first recorded in service 05/07/2001 Reference
When did you first notice signs or symptoms	05/07/2001, from “Bilateral noise-induced high-frequency hearing loss”, first recorded in service 05/07/2001 (same as the initial injury) Reference
On what date did you first receive medical treatment	20/12/2004, the first clinical entry about this injury: “20/12/2004” Reference

Evidence strength: Partial

14 factors backed by a document (9.1, 9.2, 9.3, 9.4, 9.16, 9.22, 9.33, 9.35, 9.36, 9.43, 9.47, 9.48, 9.53, 9.64)
A supporting document is dated in service (16/09/2004)
The latest record naming the condition is from 15/04/2019: a current diagnosis is needed
7 of 53 evidence entries have no checked quote on a page
12 documents support this claim

Evidence strength describes the evidence in this pack, not the outcome of the claim: DVA decides each claim on the evidence and the Statement of Principles.

Evidence for this claim

Factor	Document	Pack
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	E3
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	E3
9.1 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
		E4

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

9.33 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	
9.35 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.48 being struck by lightning within the 30 days before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.53 having acoustic shock at the time of the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	E4
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	E5
9.43 having multiple sclerosis at the time of the clinical worsening of tinnitus	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	E5
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	E6
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	E6
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A military medical employment classification review in which the senior medical officer..., 18/11/2007	E7
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	E8
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	E8
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	E8
9.53 having acoustic shock at the time of the clinical worsening of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	E8
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Separation health assessment completed, 01/04/2008	E9
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	Separation health assessment completed, 01/04/2008	E9
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	E10
		E10

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	E10
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	E10
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	GP consultation record, 09/03/2010	E11
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	GP consultation record, 09/03/2010	E11
9.35 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical worsening of tinnitus	GP consultation record, 09/03/2010	E11
9.64 inability to obtain appropriate clinical management for tinnitus	GP consultation record, 09/03/2010	E11
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	E12
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	E12
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	E12
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	E12
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	A GP referral to audiology, 10/02/2016	E12
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	E12
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	A GP referral to audiology, 10/02/2016	E12
9.64 inability to obtain appropriate clinical management for tinnitus	A GP referral to audiology, 10/02/2016	E12
9.1 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.22 having acoustic shock at the time of the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
		E13

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.53 having acoustic shock at the time of the clinical worsening of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	E13
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	E14
9.22 having acoustic shock at the time of the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	E14
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	E14
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	E14
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	E14

Before you sign

- The two dates above are the dates first RECORDED in your service records; each Reference opens the page it comes from. If you know the actual date, correct it.
- Your doctor completes the medical practitioner section; DVB never fills it.

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Australian Government
Department of Veterans' Affairs

Injury or disease details sheet

Surname	Given name(s)	DVA file number(s) (if known)
GREEN	Howard James	QXX00001

This section to be filled in by the claimant

Please fill out one sheet per injury or disease for which you are now claiming liability at Question 16. If this is a reassessment, do not complete this sheet.

Please detail the injury or disease you are now claiming and describe as fully as you can the signs and symptoms that make you notice the disability (e.g. pain in lower back, shortness of breath, loss of range of movement in right arm).

You are requested to ask your doctor to fill in the Medical Practitioner section on the next page before lodging your claim.

Injury or disease

Tinnitus

Signs and symptoms

Condition: Tinnitus.
The following records on file document this condition:
(continued on the attached continuation sheet)

How do you believe your service caused, contributed to or aggravated this injury or disease?

Statement of Principles: Tinnitus (84/2020 / 85/2020).

Factors with supporting records on file:
(continued on the attached continuation sheet)

If insufficient space, please attach a separate sheet

When did the injury happen (if applicable)?

05/07/2001 Reference

Has a Defence injury report been completed?

No ☐ Yes ☐ Please attach the Defence injury report. Do not know ☐

When did you first notice signs or symptoms of the injury or disease?

05/07/2001 Reference

On what date did you first receive medical treatment for this injury or disease?

20/12/2004 (if known) Reference

Name of your treating medical practitioner/hospital/specialist

For claimed conditions

Type of treatment or consultation provided (e.g. GP, specialist)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Surname	Given name(s)	DVA file number(s) (if known)
GREEN	Howard James	QXX00001

This section to be filled in by a medical practitioner

Please supply a brief summary of the basis for each diagnosis and attach any reports you have that confirm the diagnosis. If you were issued with a TRN, DVA will pay you for this service according to the relevant fee levels for the service and DVA's Fee notes for GPs and specialists. For more information go to www.dva.gov.au/providers/fees-claims/fee-notes-for-gps-and-specialists

NOTE: The claim for this condition must be lodged before payment of medical account can be made.

Medical diagnosis

Basis for diagnosis

Is this diagnosis Confirmed ☐ Provisional ☐

When did the claimant first consult you for this injury or disease? / /

Please advise approximate date of onset of the injury or disease based on available notes / /

Address

POSTCODE

Telephone [ ]

Medical practitioner stamp
(Please include Provider Number)

MEDICAL PRACTITIONER'S SIGNATURE

Date / /

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Continuation sheet: D2051 — Claim for Compensation (MRCA)

Signs and symptoms

Condition: Tinnitus.
The following records on file document this condition:
- ENT specialist letter to the referring GP reviewing a patient with constant bilateral... (18/05/2017)
- Audiological assessment in March 2016 of a former Army member with a history of... (02/03/2016)
- A GP referral to audiology (10/02/2016)
- GP consultation record (09/03/2010)
- New patient health summary from a GP after a man's medical discharge from the Army (14/05/2008)
- Separation health assessment completed (01/04/2008)
- A 2008 military discharge medical board report reviewing an Army member's permanent... (10/03/2008)
- A military medical employment classification review in which the senior medical officer... (18/11/2007)
- Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing...
[continued in attached evidence schedule]

How do you believe your service caused, contributed to or aggravated this injury or disease?

Statement of Principles: Tinnitus (84/2020 / 85/2020).

Factors with supporting records on file:
- Factor 9.1: being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of tinnitus
    Supported by: Audiological assessment in March 2016 of a former Army member with a history of... (02/03/2016)
    Supported by: A military medical officer's consultation note documents acute acoustic trauma with... (16/09/2004)
- Factor 9.16: being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus
    Supported by: ENT specialist letter to the referring GP reviewing a patient with constant bilateral... (18/05/2017)
    Supported by: A military medical officer's consultation note documents acute acoustic trauma with... [continued in attached evidence schedule]

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

PART 2 OF 2

Evidence (Left ear and hearing)

The evidence index, then the Cited pages: the exact pages that show where each factor is supported.

For anyone checking the claim

Medical-in-Confidence Generated 13/10/2026 09:25 AEST
SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Evidence index

Every piece of evidence you accepted, by condition and by Statement of Principles factor: which document supports the factor, the page, and the words quoted from it. Each quote opens its Cited page. In the last column, Cited page jumps to the marked page and Original jumps to the same page inside its complete document.

Condition claimed	Statement of Principles
Reduced hearing	Conductive Hearing Loss
Bilateral noise-induced high-frequency hearing loss	Sensorineural Hearing Loss
Tinnitus	Tinnitus

Go to the evidence index

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Evidence index: every quote, by factor

Each entry is a document you accepted as evidence for one factor of the Statement of Principles for the condition. A **Cited page** (E) is the page itself, with the cited lines marked; the **Original** (A) is the same page inside its complete document in the Core reference files. Every quote, Cited page and Original is a link. A **Diagnosis** row is not a factor: it is the most recent record naming the condition, so the reader sees what is claimed before why it is related to service.

Reduced hearing

Statement of Principles: Conductive Hearing Loss

Factor	Document	Where	In this pack
9.4 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), within the seven days before the clinical onset of conductive hearing loss;	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	original page 1 *“Rifle and machine gun ranges Peak 150 to 160 dB(C) 30 to 40 range days Foam plugs, muffs on request”* This page is the whole document.	Cited page (E1)
9.17 being exposed to an explosive blast within the seven days before the clinical worsening of conductive hearing loss;	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	original page 1 *“Sgt Green had completed his safety checks and was moving back to the protected position, approximately 12 metres from the charge, when it detonated. He and two students were exposed to the blast and heard a loud report. Sgt Green reported ringing in both ears and muffled hearing immediately afterwar”* This page is the whole document.	Cited page (E3)
9.5 being exposed to an explosive blast within the seven days before the clinical onset of conductive hearing loss;	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	original page 1 *“Sgt Green had completed his safety checks and was moving back to the protected position, approximately 12 metres from the charge, when it detonated. He and two students were exposed to the blast and heard a loud report. Sgt Green reported ringing in both ears and muffled hearing immediately afterwar”* This page is the whole document.	Cited page (E3)
9.16 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), within the seven days before the clinical worsening of conductive hearing loss;	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing and muffled hearing.”* This page is the whole document.	Cited page (E4)
9.4 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), within the seven days before the clinical onset of conductive hearing loss;	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing and muffled hearing.”* This page is the whole document.	Cited page (E4)

Bilateral noise-induced high-frequency hearing loss

Statement of Principles: Sensorineural Hearing Loss

Factor	Document	Where	In this pack

9.1 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	original page 1 *“Rifle and machine gun ranges Peak 150 to 160 dB(C) 30 to 40 range days”* This page is the whole document.	Cited page (E1)
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical onset of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	original page 1 *“Rifle and machine gun ranges Peak 150 to 160 dB(C) 30 to 40 range days”* This page is the whole document.	Cited page (E1)
9.29 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical worsening of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	original page 1 *“Rifle and machine gun ranges Peak 150 to 160 dB(C) 30 to 40 range days”* This page is the whole document.	Cited page (E1)
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical worsening of sensorineural hearing loss	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	original page 1 *“Rifle and machine gun ranges Peak 150 to 160 dB(C) 30 to 40 range days”* This page is the whole document.	Cited page (E1)
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical onset of sensorineural hearing loss	Annual audiometry record from July 2001, 05/07/2001	original page 1 *“Noise exposure category High (see register 1999) Compared with the 1993 audiogram: a developing notch at 4 to 6 kHz bilaterally consistent with noise exposure.”* This page is the whole document.	Cited page (E2)
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical worsening of sensorineural hearing loss	Annual audiometry record from July 2001, 05/07/2001	original page 1 *“Compared with the 1993 audiogram: a developing notch at 4 to 6 kHz bilaterally (15 to 25 dB deterioration), consistent with noise exposure.”* This page is the whole document.	Cited page (E2)
9.31 being exposed to an explosive blast within the 30 days before the clinical worsening of sensorineural hearing loss	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	original page 1 *“Three-month review: partial recovery of the acute shift but a persisting high-frequency loss beyond the 2001 audiogram. Member reports constant tinnitus”* This page is the whole document.	Cited page (E5)
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural	original page 1 *“Bilateral high-frequency sensorineural loss, worse than the 2004*	Cited page (E6)

of at least one year, before the clinical worsening of sensorineural hearing loss	hearing..., 13/06/2007	*audiogram at 4 to 8 kHz.”* This page is the whole document.	
9.55 inhaling, ingesting or having cutaneous contact with an agent from the specified list of chemical agents, for a cumulative period of at least 2 500 hours within a continuous period of five years, before the clinical worsening of sensorineural hearing loss, and where that exposure has ceased, the clinical worsening of sensorineural hearing loss has occurred within two years of cessation	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	original page 1 *“Bilateral high-frequency sensorineural loss, worse than the 2004 audiogram at 4 to 8 kHz.”* This page is the whole document.	Cited page (E6)
9.24 having blunt trauma, penetrating trauma or surgery to the cochlea or auditory nerve of the affected side, within the five years before the clinical onset of sensorineural hearing loss	A military medical employment classification review in which the senior medical officer..., 18/11/2007	original page 1 *“Hearing loss and tinnitus, bilateral. Persistent since 2004 acoustic trauma. Audiogram 2007 shows high-frequency loss.”* This page is the whole document.	Cited page (E7)
9.3 being exposed to an explosive blast within the 30 days before the clinical onset of sensorineural hearing loss	A GP referral to audiology, 10/02/2016	original page 1 *“constant bilateral tinnitus since a blast exposure on 16/09/2004, documented at the time”* This page is the whole document.	Cited page (E12)
9.31 being exposed to an explosive blast within the 30 days before the clinical worsening of sensorineural hearing loss	A GP referral to audiology, 10/02/2016	original page 1 *“high-frequency hearing loss on his Army audiograms (separation audiogram 2008 shows loss from 3 kHz)”* This page is the whole document.	Cited page (E12)
9.30 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical worsening of sensorineural hearing loss	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *“Noise exposure through 18 years of Army service including rifle ranges, demolitions and plant”* This page is the whole document.	Cited page (E13)
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least one year, before the clinical onset of sensorineural hearing loss	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	original page 1 *“Constant bilateral tinnitus since a blast exposure while instructing demolitions in the Army on 16/09/2004, with a progressive high-frequency hearing loss documented since 2001”* This page is the whole document.	Cited page (E14)

Tinnitus

Statement of Principles: Tinnitus

Factor	Document	Where	In this pack
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	original page 1 *“During an instructional serial a 400 g charge fired approximately 4 seconds earlier than the timed fuse indicated. Sgt Green had completed his safety checks and was moving back to the protected position, approximately 12 metres from the charge, when it detonated. He and two students were exposed to”* This page is the whole document.	Cited page (E3)
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	original page 1 *“During an instructional serial a 400 g charge fired approximately 4 seconds earlier than the timed fuse indicated. Sgt Green had completed his safety checks and was moving back to the protected position, approximately 12 metres from the charge, when it detonated. He and two students were exposed to”* This page is the whole document.	Cited page (E3)
9.1 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing”* This page is the whole document.	Cited page (E4)
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing and muffled hearing”* This page is the whole document.	Cited page (E4)
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Previous history: high noise exposure since 1990; no tinnitus before today”* This page is the whole document.	Cited page (E4)
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing and muffled hearing”* This page is the whole document.	Cited page (E4)
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Acute acoustic trauma with tinnitus, both ears. Removed from range duties for 2 weeks”* This page is the whole document.	Cited page (E4)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

9.33 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing and muffled hearing”* This page is the whole document.	Cited page (E4)
9.35 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Acute acoustic trauma with tinnitus, both ears. Removed from range duties for 2 weeks”* This page is the whole document.	Cited page (E4)
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing”* This page is the whole document.	Cited page (E4)
9.48 being struck by lightning within the 30 days before the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	page not identified: the whole document is this one page	Cited page (E4)
9.53 having acoustic shock at the time of the clinical worsening of tinnitus	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 *“Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing and muffled hearing”* This page is the whole document.	Cited page (E4)
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	original page 1 *“Three-month review: partial recovery of the acute shift but a persisting high-frequency loss beyond the 2001 audiogram. Member reports constant tinnitus”* This page is the whole document.	Cited page (E5)
9.43 having multiple sclerosis at the time of the clinical worsening of tinnitus	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	page not identified: the whole document is this one page	Cited page (E5)
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	original page 1 *“Bilateral high-frequency sensorineural loss, worse than the 2004 audiogram at 4 to 8 kHz. Tinnitus continues”* This page is the whole document.	Cited page (E6)
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	original page 1 *“Bilateral high-frequency sensorineural loss, worse than the 2004 audiogram at 4 to 8 kHz. Tinnitus continues”* This page is the whole document.	Cited page (E6)
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A military medical employment classification review in which the senior medical	original page 1 *“Hearing loss and tinnitus, bilateral. Persistent since 2004 acoustic trauma. Audiogram 2007 shows high-*	Cited page (E7)

	officer..., 18/11/2007	*frequency loss."* This page is the whole document.	
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	original page 1 *"Bilateral high-frequency sensorineural hearing loss with constant tinnitus. Permanent. Consistent with the member's accumulated noise exposure and the 16/09/2004 acoustic trauma."* This page is the whole document.	Cited page (E8)
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	original page 1 *"Bilateral high-frequency sensorineural hearing loss with constant tinnitus. Permanent. Consistent with the member's accumulated noise exposure and the 16/09/2004 acoustic trauma."* This page is the whole document.	Cited page (E8)
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	original page 1 *"Bilateral high-frequency sensorineural hearing loss with constant tinnitus. Permanent. Consistent with the member's accumulated noise exposure and the 16/09/2004 acoustic trauma."* This page is the whole document.	Cited page (E8)
9.53 having acoustic shock at the time of the clinical worsening of tinnitus	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	original page 1 *"Bilateral high-frequency sensorineural hearing loss with constant tinnitus. Permanent. Consistent with the member's accumulated noise exposure and the 16/09/2004 acoustic trauma."* This page is the whole document.	Cited page (E8)
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Separation health assessment completed, 01/04/2008	original page 1 *"Bilateral high-frequency sensorineural loss; tinnitus constant, onset 16/09/2004."* This page is the whole document.	Cited page (E9)
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	Separation health assessment completed, 01/04/2008	original page 1 *"Bilateral high-frequency sensorineural loss; tinnitus constant, onset 16/09/2004."* This page is the whole document.	Cited page (E9)
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	original page 1 *"Constant high-pitched tinnitus since 2004 blast exposure."* This page is the whole document.	Cited page (E10)
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	original page 1 *"Noise exposure through service. Constant high-pitched tinnitus since 2004 blast exposure."* This page is the whole document.	Cited page (E10)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	original page 1 *"Hearing loss, tinnitus. Noise exposure through service. Constant high-pitched tinnitus since 2004 blast exposure."* This page is the whole document.	Cited page (E10)
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	original page 1 *"Constant high-pitched tinnitus since 2004 blast exposure. Not yet reviewed by an audiologist."* This page is the whole document.	Cited page (E10)
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	GP consultation record, 09/03/2010	original page 1 *"Tinnitus both ears - constant, high pitch, worse at night. Since blast at work (army, 2004)."* This page is the whole document.	Cited page (E11)
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	GP consultation record, 09/03/2010	original page 1 *"Tinnitus both ears - constant, high pitch, worse at night. Since blast at work (army, 2004)."* This page is the whole document.	Cited page (E11)
9.35 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical worsening of tinnitus	GP consultation record, 09/03/2010	original page 1 *"Tinnitus both ears - constant, high pitch, worse at night. Since blast at work (army, 2004). Sleep poor because of it."* This page is the whole document.	Cited page (E11)
9.64 inability to obtain appropriate clinical management for tinnitus	GP consultation record, 09/03/2010	original page 1 *"Counselled re tinnitus. Sound masking at night. Audiology referral to arrange when able."* This page is the whole document.	Cited page (E11)
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	original page 1 *"constant bilateral tinnitus since a blast exposure on 16/09/2004, documented at the time"* This page is the whole document.	Cited page (E12)
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	original page 1 *"blast exposure on 16/09/2004, documented at the time. He has noticed increasing difficulty in group conversation"* This page is the whole document.	Cited page (E12)
9.22 having acoustic shock at the time of the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	original page 1 *"constant bilateral tinnitus since a blast exposure on 16/09/2004, documented at the time"* This page is the whole document.	Cited page (E12)
9.3 having blunt trauma, penetrating trauma or surgery to an auditory	A GP referral to audiology, 10/02/2016	original page 1 *"constant bilateral tinnitus since a blast exposure on*	Cited page (E12)

structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus		*16/09/2004, documented at the time”* This page is the whole document.	
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	A GP referral to audiology, 10/02/2016	original page 1 *“He has high-frequency hearing loss on his Army audiograms and has noticed increasing difficulty in group conversation”* This page is the whole document.	Cited page (E12)
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	A GP referral to audiology, 10/02/2016	original page 1 *“He has high-frequency hearing loss on his Army audiograms (separation audiogram 2008 shows loss from 3 kHz) and constant bilateral tinnitus since a blast exposure on 16/09/2004”* This page is the whole document.	Cited page (E12)
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	A GP referral to audiology, 10/02/2016	original page 1 *“constant bilateral tinnitus since a blast exposure on 16/09/2004, documented at the time”* This page is the whole document.	Cited page (E12)
9.64 inability to obtain appropriate clinical management for tinnitus	A GP referral to audiology, 10/02/2016	original page 1 *“Please assess for hearing loss and tinnitus management”* This page is the whole document.	Cited page (E12)
9.1 being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *“premature detonation at 12 m on 16/09/2004 with immediate ringing”* This page is the whole document.	Cited page (E13)
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *“premature detonation at 12 m on 16/09/2004 with immediate ringing. Constant bilateral tinnitus since then”* This page is the whole document.	Cited page (E13)
9.2 being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months before the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *“Noise exposure through 18 years of Army service including rifle ranges, demolitions and plant”* This page is the whole document.	Cited page (E13)
9.22 having acoustic shock at the time of the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *“premature detonation at 12 m on 16/09/2004 with immediate ringing”* This page is the whole document.	Cited page (E13)
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *“premature detonation at 12 m on 16/09/2004 with immediate ringing”* This page is the whole document.	Cited page (E13)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

the clinical onset of tinnitus			
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *"Bilateral sloping sensorineural hearing loss, mild to moderately severe, with a 4 to 6 kHz notch"* This page is the whole document.	Cited page (E13)
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *"Bilateral sloping sensorineural hearing loss, mild to moderately severe, with a 4 to 6 kHz notch"* This page is the whole document.	Cited page (E13)
9.47 being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *"premature detonation at 12 m on 16/09/2004 with immediate ringing. Constant bilateral tinnitus since then"* This page is the whole document.	Cited page (E13)
9.53 having acoustic shock at the time of the clinical worsening of tinnitus	Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016	original page 1 *"premature detonation at 12 m on 16/09/2004 with immediate ringing. Constant bilateral tinnitus since then"* This page is the whole document.	Cited page (E13)
9.16 being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	original page 1 *"Constant bilateral tinnitus since a blast exposure while instructing demolitions in the Army on 16/09/2004"* This page is the whole document.	Cited page (E14)
9.22 having acoustic shock at the time of the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	original page 1 *"Constant bilateral tinnitus since a blast exposure while instructing demolitions in the Army on 16/09/2004"* This page is the whole document.	Cited page (E14)
9.3 having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	original page 1 *"Constant bilateral tinnitus since a blast exposure while instructing demolitions in the Army on 16/09/2004"* This page is the whole document.	Cited page (E14)
9.36 having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	original page 1 *"Audiometry (Darling Hearing Care, 02/03/2016): bilateral sensorineural loss with 4 to 6 kHz notch"* This page is the whole document.	Cited page (E14)
9.4 having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	original page 1 *"progressive high-frequency hearing loss documented since 2001. Audiometry (Darling Hearing Care, 02/03/2016): bilateral sensorineural loss"* This page is the whole document.	Cited page (E14)

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Dates on the forms

Statement of Principles: Dates on the forms

Factor	Document	Where	In this pack
Where the injury date comes from: Bilateral noise-induced high-frequency hearing loss, first recorded 05/07/2001	Annual audiometry record from July 2001, 05/07/2001	original page 1 *“05/07/2001”* This page is the whole document.	Cited page (E2)
Where the first treatment date comes from: a clinical entry dated 20/12/2004	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	original page 1 *“20/12/2004”* This page is the whole document.	Cited page (E5)

Cited pages

Only the pages cited in the index, each cut from the original record. The cited lines are highlighted in yellow; on handwritten pages the highlight covers the area, enlarged. The strip above each page opens its Original: the same page inside the complete document in the Core reference files.

Cited page	Document	Where	Cited for	Original
E1	An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999	original page 1 of 1	Conductive Hearing Loss 9.4; Sensorineural Hearing Loss 9.1; Sensorineural Hearing Loss 9.2; Sensorineural Hearing Loss 9.29; Sensorineural Hearing Loss 9.30	whole document
E2	Annual audiometry record from July 2001, 05/07/2001	original page 1 of 1	Sensorineural Hearing Loss 9.2; Sensorineural Hearing Loss 9.30; Dates on the forms	whole document
E3	Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004	original page 1 of 1	Conductive Hearing Loss 9.17; Conductive Hearing Loss 9.5; Tinnitus 9.16; Tinnitus 9.47	whole document
E4	A military medical officer's consultation note documents acute acoustic trauma with..., 16/09/2004	original page 1 of 1	Conductive Hearing Loss 9.16; Conductive Hearing Loss 9.4; Tinnitus 9.1; Tinnitus 9.16; Tinnitus 9.2; Tinnitus 9.22; Tinnitus 9.3; Tinnitus 9.33; Tinnitus 9.35; Tinnitus 9.47; Tinnitus 9.53	whole document
E5	Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004	original page 1 of 1	Sensorineural Hearing Loss 9.31; Tinnitus 9.36; Dates on the forms	whole document
E6	Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2007	original page 1 of 1	Sensorineural Hearing Loss 9.30; Sensorineural Hearing Loss 9.55; Tinnitus 9.36; Tinnitus 9.4	whole document
E7	A military medical employment classification review in which the senior medical officer..., 18/11/2007	original page 1 of 1	Sensorineural Hearing Loss 9.24; Tinnitus 9.22	whole document
E8	A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008	original page 1 of 1	Tinnitus 9.22; Tinnitus 9.36; Tinnitus 9.4; Tinnitus 9.53	whole document
E9	Separation health assessment completed, 01/04/2008	original page 1 of 1	Tinnitus 9.36; Tinnitus 9.4	whole document
E10	New patient health summary from a GP after a man's medical discharge from the Army, 14/05/2008	original page 1 of 1	Tinnitus 9.16; Tinnitus 9.2; Tinnitus 9.4; Tinnitus 9.47	whole document
E11	GP consultation record, 09/03/2010	original page 1 of 1	Tinnitus 9.16; Tinnitus 9.3; Tinnitus 9.35; Tinnitus 9.64	whole document
E12	A GP referral to audiology, 10/02/2016	original page 1 of 1	Sensorineural Hearing Loss 9.3; Sensorineural Hearing Loss 9.31; Tinnitus 9.16; Tinnitus 9.2; Tinnitus 9.22; Tinnitus 9.3; Tinnitus 9.36; Tinnitus 9.4; Tinnitus 9.47; Tinnitus 9.64	whole document
E13	Audiological assessment in March 2016 of a former Army	original page 1 of 1	Sensorineural Hearing Loss 9.30; Tinnitus 9.1; Tinnitus 9.16; Tinnitus 9.2; Tinnitus 9.22; Tinnitus 9.3;	whole document

	member with a history of..., 02/03/2016		Tinnitus 9.36; Tinnitus 9.4; Tinnitus 9.47; Tinnitus 9.53	
E14	ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017	original page 1 of 1	Sensorineural Hearing Loss 9.2; Tinnitus 9.16; Tinnitus 9.22; Tinnitus 9.3; Tinnitus 9.36; Tinnitus 9.4	whole document

Cited page E1 | Source: An Army hearing conservation noise exposure register assessing a troop sergeant's..., 18/03/1999 | or…
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Conductive Hearing…

Hearing conservation: occupational noise exposure register

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Unit / section	B Squadron, 1 CER (troop sergeant)
Register date	18/03/1999
Audiometrist	Mr C. Wray

Noise exposure is assessed from the member's trade, the weapons and plant used, and typical annual exposure.

Noise source	Typical level (dB(A) / peak)	Annual exposure	Hearing protection issued
Rifle and machine gun ranges	Peak 150 to 160 dB(C)	30 to 40 range days	Foam plugs, muffs on request
Demolition and explosive breaching	Peak 160 to 175 dB(C)	20 to 30 serials	Muffs and plugs advised
Engineering plant, generators	92 to 98 dB(A) continuous	Frequent	Muffs available
Armoured vehicle and truck cabs	85 to 90 dB(A)	Frequent	None routinely issued

Assessment

High occupational noise exposure category. Annual audiometry required. Member advised on correct fitting of hearing protection. Note: foam plugs were not routinely issued on field exercises before 1997; protection was often not worn during demolition work in the early 1990s.

_____

Mr C. Wray, Hearing Conservation Officer

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E2 | Source: Annual audiometry record from July 2001, 05/07/2001 | original page 1 of 1
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Sensorineural Hear…

Annual audiometry record

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	05/07/2001
Audiometrist	Mr C. Wray
Noise exposure category	High (see register 1999)

Ear	500 Hz	1000	2000	3000	4000	6000	8000
Right	5	10	10	20	30	35	25
Left	5	10	10	20	35	40	30

Compared with the 1993 audiogram: a developing notch at 4 to 6 kHz bilaterally (15 to 25 dB deterioration), consistent with noise exposure. No tinnitus reported. Member counselled on hearing protection use during demolition and range work. Re-test in 12 months.

_____

Mr C. Wray, Hearing Conservation Officer

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E3 | Source: Range incident report describing a premature detonation of a 400 g charge during an..., 16/09/2004 | …
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Conductive Hearing…

Range incident report: premature detonation

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date and time	16/09/2004, 1120 hrs
Location	Demolition range, Combat Engineer Wing
Serial	Instructional serial, 12 students, 400 g charges
Range safety officer	Sgt H. J. Green

Description

During an instructional serial a 400 g charge fired approximately 4 seconds earlier than the timed fuse indicated. Sgt Green had completed his safety checks and was moving back to the protected position, approximately 12 metres from the charge, when it detonated. He and two students were exposed to the blast and heard a loud report. Sgt Green reported ringing in both ears and muffled hearing immediately afterwards. Hearing protection (plugs) was being worn at the time but muffs were not.

Action

All students accounted for. Serial suspended. Sgt Green and the two students sent to the unit health facility for assessment (see MO note). Fuse batch quarantined for inquiry.

_____

Maj. A. Teague, Chief Instructor

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Unit Health Facility, 1 Combat Engineer Regiment
Enoggera, Brisbane QLD
Army health record (demonstration form series DM-H)

Ref: DM-H-MO-0409
Page 1 of 1

MEDICAL OFFICER CONSULTATION NOTE

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	16/09/2004
Medical officer	Maj. P. Nair
Presenting	Ringing in both ears after blast exposure, range incident this morning

History

Exposed to a premature detonation of a 400 g charge at about 12 m. Immediate bilateral ringing and muffled hearing. No vertigo. No ear pain or discharge. Previous history: high noise exposure since 1990; no tinnitus before today.

Examination

Both ear canals clear. Tympanic membranes intact, no haemorrhage. Tuning fork: Weber central, Rinne positive bilaterally. Same-day audiogram: 4 to 6 kHz thresholds 40 to 45 dB HL bilaterally.

Assessment / plan

Acute acoustic trauma with tinnitus, both ears. Removed from range duties for 2 weeks. Review audiogram at 2 weeks and 3 months. Counselled that tinnitus may persist.

_____

Maj. P. Nair, Medical Officer

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E5 | Source: Three-month audiometry follow-up after acoustic trauma shows partial recovery of the..., 20/12/2004 |…
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Sensorineural Hear…

Audiometry follow-up after acoustic trauma

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	20/12/2004
Audiometrist	Mr C. Wray

Ear	500 Hz	1000	2000	3000	4000	6000	8000
Right	10	10	15	30	40	45	35
Left	10	10	15	30	45	50	40

Three-month review: partial recovery of the acute shift but a persisting high-frequency loss beyond the 2001 audiogram. Member reports **constant tinnitus** in both ears, worse in quiet. Recommended: continue exclusion from unprotected noise, annual review, refer to audiology if tinnitus persists beyond 12 months.

_____

Mr C. Wray, Hearing Conservation Officer

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E6 | Source: Annual audiometry record from 2007 showing bilateral high-frequency sensorineural hearing..., 13/06/2…
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Sensorineural Hear…

Annual audiometry record

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	13/06/2007
Audiometrist	Mr C. Wray

Ear	500 Hz	1000	2000	3000	4000	6000	8000
Right	10	15	15	35	45	50	40
Left	10	15	20	35	50	55	45

Bilateral high-frequency sensorineural loss, worse than the 2004 audiogram at 4 to 8 kHz. Tinnitus continues (member's report: constant high-pitched tone). Hearing aid assessment not yet required. Recommend review at separation.

_____

Mr C. Wray, Hearing Conservation Officer

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E7 | Source: A military medical employment classification review in which the senior medical officer..., 18/11/200…
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Sensorineural Hear…

MEDICAL EMPLOYMENT CLASSIFICATION REVIEW

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	18/11/2007
Member	Sgt H. J. Green
Reviewing medical officer	Lt Col R. Ashby, Senior Medical Officer

Conditions considered

Condition	Status
Left knee: medial meniscectomy 2002, degenerative change	Persistent pain on load carriage, stairs and prolonged standing. Intermittent effusion.
Left ankle: chronic lateral instability since 1997 sprain	Gives way on uneven ground; braced. Anterior drawer positive.
Hearing loss and tinnitus, bilateral	Persistent since 2004 acoustic trauma. Audiogram 2007 shows high-frequency loss.

Classification

Employment classification downgraded from MEC 2 to **MEC 3**: not suitable for field deployment, load carriage over 10 kg, running or uneven-terrain work, or unprotected noise exposure. Fit for instructional and administrative duties only. Referred for a discharge medical board.

_____

Lt Col R. Ashby, Senior Medical Officer

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E8 | Source: A 2008 military discharge medical board report reviewing an Army member's permanent..., 10/03/2008 | …
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Tinnitus 9.22; Tin…

DISCHARGE MEDICAL BOARD REPORT

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Board date	10/03/2008
President	Lt Col R. Ashby
Members	Maj. P. Nair; Maj. E. Chan
Member	Sgt H. J. Green, D4419307

Findings

Condition	Board finding
Left knee osteoarthritis (early), post medial meniscectomy	Permanent condition. Arises from the 14/05/1996 injury and the 2002 surgery. Limits load carriage, running and kneeling.
Left ankle chronic lateral ligament instability	Permanent. Arises from the 22/11/1997 inversion injury, with recurrent giving way documented 1998, 2001 and 2004.
Bilateral high-frequency sensorineural hearing loss with constant tinnitus	Permanent. Consistent with the member's accumulated noise exposure and the 16/09/2004 acoustic trauma.
Right shoulder intermittent pain	Noted (2002, 2006). No diagnosis established; not a basis for the board's recommendation.

Recommendation

The member cannot be employed in his trade or in any role meeting the retention standard. The board recommends **separation on medical grounds**. Proposed date of discharge 11/04/2008.

_____

Lt Col R. Ashby, President

Maj. P. Nair, Member

Maj. E. Chan, Member

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E9 | Source: Separation health assessment completed, 01/04/2008 | original page 1 of 1
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Tinnitus 9.36; Tin…

Separation health assessment

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	01/04/2008
Examining medical officer	Maj. P. Nair
Reason	Medical separation

Summary of conditions recorded on the service medical file

Condition	Detail
Knee	Osteoarthritis, **right** knee, following medial meniscectomy 2002, persistent pain on load. (Examining officer's note: see 2002 theatre record.)
Ankle	Chronic lateral instability, left ankle, from 22/11/1997 injury; brace use.
Hearing	Bilateral high-frequency sensorineural loss; tinnitus constant, onset 16/09/2004.
Shoulder	Right shoulder discomfort intermittently; no injury recorded.
Blood pressure	142/88 mmHg on two readings; advised GP follow-up after discharge.

Audiometry at separation (dB HL)

Ear	500 Hz	1000	2000	3000	4000	6000	8000
Right	10	15	20	35	50	55	45
Left	10	15	20	40	55	60	50

Member advised to obtain a copy of his service medical file and to see a general practitioner in his home area within four weeks of discharge.

_____

Maj. P. Nair, Medical Officer

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Kilmoor Family Medical Centre
14 Wattle Street, Kilmoor QLD 4370
Phone (07) 5550 0142 (fictional)

Ref: KFMC-0805

New patient health summary

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	14/05/2008
General practitioner	Dr S. Brandt
Reason	New patient after discharge from Army; transfer of care

Background

Mr Green, 37, discharged from the Army on 11/04/2008 on medical grounds after 18 years' service as a combat engineer and instructor. Moved to Kilmoor. Brings a copy of his separation health assessment.

Problems recorded

Problem	Notes
Left knee osteoarthritis	Partial medial meniscectomy 2002 after a 1996 injury. Pain on stairs and prolonged standing. Paracetamol as needed.
Left ankle instability	Recurrent giving way since a 1997 sprain. Uses a lace-up brace.
Hearing loss, tinnitus	Noise exposure through service. Constant high-pitched tinnitus since 2004 blast exposure. Not yet reviewed by an audiologist.
Blood pressure	142/88 on two readings at separation. Today 138/86. Lifestyle advice, recheck in 3 months.
Right shoulder	Intermittent ache, mild. No treatment.

Plan: obtain Army medical file; recheck BP; consider audiology referral if tinnitus persists.

_____

Dr S. Brandt

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

KILMOOR FAMILY MEDICAL CENTRE

CONSULTATION RECORD

14 Wattle Street, Kilmoor QLD 4370
Phone (07) 5550 0142 (fictional)

PATIENT: Green Howard J
DOB: 14/03/1971
DATE: 9/3/10
DOCTOR: SB

HISTORY

Tinnitus both ears - constant, high pitch, worse at night. Since blast at work (army, 2004). Sleep poor because of it. Hearing seems worse in groups.

EXAMINATION

Canals + TMs normal. Weber central. Whispered voice reduced at 1 m.

PLAN

Counselled re tinnitus. Sound masking at night. Audiology referral to arrange when able. Review 3/12.

KILMOOR FAMILY MEDICAL CENTRE 09 MAR 2010

Dr S. Brandt

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Kilmoor Family Medical Centre
14 Wattle Street, Kilmoor QLD 4370
Phone (07) 5550 0142 (fictional)

Referral letter

Date: 10/02/2016
To: Audiology, Darling Hearing Care
Re: Mr Howard James GREEN, DOB 14/03/1971

Please assess Mr Green, aged 44, a former Army combat engineer and demolitions instructor (1990 to 2008). He has high-frequency hearing loss on his Army audiograms (separation audiogram 2008 shows loss from 3 kHz) and constant bilateral tinnitus since a blast exposure on 16/09/2004, documented at the time. He has noticed increasing difficulty in group conversation. Please assess for hearing loss and tinnitus management.

_____

Dr S. Brandt

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E13 | Source: Audiological assessment in March 2016 of a former Army member with a history of..., 02/03/2016 | ori…
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Sensorineural Hear…

Darling Hearing Care
22 Main Street, Kilmoor QLD 4370
Audiology (fictional practice)

Audiological assessment

Name	GREEN, Howard James
Date of birth	14/03/1971
Service no.	D4419307
Date	02/03/2016
Audiologist	Meredith Lowe, Audiologist
Referred by	Dr S. Brandt

History

Noise exposure through 18 years of Army service including rifle ranges, demolitions and plant; premature detonation at 12 m on 16/09/2004 with immediate ringing. Constant bilateral tinnitus since then, worse in quiet. Difficulty hearing in groups. No family history of hearing loss. Non-occupational noise exposure minimal.

Pure tone audiometry (dB HL)

Ear	500 Hz	1000	2000	3000	4000	6000	8000
Right	10	15	25	45	55	60	55
Left	10	15	30	50	60	65	60

Results

Bilateral sloping sensorineural hearing loss, mild to moderately severe, with a 4 to 6 kHz notch. Speech discrimination in quiet 88% right, 84% left. Tympanometry normal. Tinnitus matched at approximately 6 kHz, 35 dB SL, bilaterally.

Comparison

Compared with the Army audiograms supplied (enlistment 1990, normal; 2001; 2004; 2007; separation 2008) there is a progressive high-frequency loss. The 2016 pattern is consistent with noise-induced hearing loss.

Recommendation

Referral to an ENT specialist for medical opinion on tinnitus. Hearing aids trial recommended. Counselling on tinnitus management provided.

_____

Meredith Lowe, Audiologist

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge

Cited page E14 | Source: ENT specialist letter to the referring GP reviewing a patient with constant bilateral..., 18/05/2017…
This page is the whole document (one page), so it is not repeated in the Core reference files | Cited for: Sensorineural Hear…

Specialist letter

Date: 18/05/2017
To: Dr S. Brandt
Re: Mr Howard James GREEN, DOB 14/03/1971

Thank you for referring Mr Green with bilateral tinnitus and hearing loss.

History

Constant bilateral tinnitus since a blast exposure while instructing demolitions in the Army on 16/09/2004, with a progressive high-frequency hearing loss documented since 2001. No vertigo, otorrhoea or head injury. No ototoxic medication. Non-smoker.

Examination

Ears: normal otoscopy. Nose and throat: normal. Cranial nerves intact.

Investigations

Audiometry (Darling Hearing Care, 02/03/2016): bilateral sensorineural loss with 4 to 6 kHz notch. MRI internal auditory meatus: no retrocochlear lesion.

Opinion

Noise-induced sensorineural hearing loss, bilateral, with persistent tinnitus. The audiometric configuration, the long documented occupational exposure and the 2004 acoustic trauma are consistent with this diagnosis. No other cause identified. Hearing aids with tinnitus masking recommended. Condition is permanent.

_____

Dr P. Vasquez, ENT Specialist

SAMPLE ONLY | Fictional veteran (Howard Green), invented records | Not a real claim | Not advice | DefVetBridge