



APPLICATION FOR HEALTH CARE IN  
RESPECT OF CANCER  
(MALIGNANT NEOPLASM)

*This is not a claim for a pension*

*Please write in BLOCK letters*

The information on this form is required to assess your eligibility for treatment that may be provided under the Veterans' Entitlements Act 1986 in respect of cancer (malignant neoplasm).

This is a special treatment eligibility category due to a Determination by the Repatriation Commission under Section 85 (2) of the Veterans' Entitlement Act 1986.

DVA File Number	<input type="text"/>	Service Number	<input type="text"/>
Surname	<input type="text"/>	Given Name(s)	<input type="text"/>
Address	<input type="text"/>		
Postal Address (if different from above)	<input type="text"/>		
Home Phone No.	<input type="text"/>	Work Phone No.	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>

If you have previously lodged a claim for cancer with the Department, in which State?

**Particulars of all enlistments in Australian Forces**

Name on enlistment, if different from above

Service Number	Unit or Branch of Service	Date Enlisted	Date Discharged	Place of Discharge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Local Medical Officer's Details	
Name	<input type="text"/>
Address	<input type="text"/>
<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>

Specialist's Details	
Name	<input type="text"/>
Address	<input type="text"/>
<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>

**Declaration and Authorisation to release personal information**

I declare that I am the person named in this application and that the answers given by me are true and correct to the best of my knowledge.

I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical and other information that would appear to be relevant to the Repatriation Commission determining if I suffer from cancer (malignant neoplasm).

Signature of above veteran

Date



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**Diagnostic Report** *The diagnostic report can only be completed by the diagnosing GP or Specialist.*

**About the Veteran**

Surname	<input type="text"/>	Given Name(s)	<input type="text"/>
Address	<input type="text"/> <input type="text"/>		
DVA File Number	<input type="text"/>	Date of Birth	<input type="text"/>

**Report detail**

*The above veteran may be eligible for treatment benefits if cancer (malignant neoplasm) is diagnosed regardless of a relationship to service.*

Provisional eligibility can be given where an investigation for cancer is to be carried out. Is this diagnosis a final diagnosis or a request for provisional eligibility?

☐ Final ☐ Provisional – *investigation of cancer*

**Condition diagnosed** *Please specify type and site.*

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**Details of Medical Practitioner providing advice**

Stamp/Provider Details

<input type="text"/>
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Provider Signature

<input type="text"/>
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Printed Provider Name

<input type="text"/>
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Date

<input type="text"/>
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