



# Medical Details of Veteran

## Your Private Record

The purpose of this document is to record information about your medical details, which may eventually be of assistance concerning a claim for a war widow(er)'s pension.

**DO NOT send this form to Veterans' Affairs or your ex-service group.** Keep this form with the Planning Ahead package.

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

Full name

Address

  

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Postcode

Service number

Rank

Army

Navy

Air Force

*The following details may assist a claim for benefits. If you need more space, please attach a separate sheet.*

### **Did you drink alcohol:**

Before enlistment? Yes  - How much?

No

During service? Yes  - How much?

No

After discharge? Yes  - How much?

No

### **Did you smoke tobacco:**

Before enlistment? Yes  - How much?

No

During service? Yes  - How much?

No

After discharge? Yes  - How much?

No

### **Did you regularly take tablets or medicines:**

Before enlistment?

Yes  - Type and purpose of tablets/medicine

No

  

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During service? Yes  - Type and purpose of tablets/medicine

No

  

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After discharge? Yes  - Type and purpose of tablets/medicine

No

  

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