

ADF/DVA Medical History Form

Full Name:		DOB:
Address:		
Telephone:	Email:	

The next 3 sections require you to fill in your MILITARY SERVICE, EMPLOYMENT HISTORY AND related MEDICAL CONDITIONS. Using the examples given, please complete in as much detail as possible.

Military Service History			
Dates	Unit	Rank/Job Description	Deployment
<i>e.g. Feb – Jun 2008</i>	<i>MTF1</i>	<i>Corporal - Infantry</i>	<i>Afghanistan</i>

Civilian Employment History		
Dates	Job Description	Employer
<i>e.g. 2009 - 2011</i>	<i>Fitter and Turner</i>	<i>Fit & Turn Pty Ltd</i>

Known Medical Conditions			
Date diagnosed	Treatment	Medical condition	Brief description of incident – where, how, what
<i>e.g. Jun 2008</i>	<i>Army doctor RAP/Physio</i>	<i>Back injury – requiring surgery</i>	<i>e.g. Fell from moving truck travelling at 80 km/hr hit by IED e.g. 89th Parachute jump landed heavily due to enemy fire</i>

