

Checklist for Military Compensation Claims	Included (Tick)		
	Yes	No	NA
From ADF Medical Records, photocopies of			
<ul style="list-style-type: none"> All medical documents relating to entry, or if more than one enlistment, entries, to the ADF 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> All medical documents relating to claimed condition or conditions, including any periodic medical and Medical Employment Category Reviews, sorted into chronological order. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If discharged or about to discharge or you have more than one period of service, all discharge documents 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civilian Medical Records, photocopies of			
If you are a Reservist or no longer serving, any non ADF (civilian) medical records that will assist in the management of your claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Record, photocopy of			
<ul style="list-style-type: none"> If still serving, PMKeyS ADO Service Record 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If discharged, PMKeyS ADO Service Record if available or Certificate of Service and any Service Record (Postings etc) that you may have available 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For VEA and MRCA Claims only			
See GP / MO / Medical Practitioner for completion of			
<ul style="list-style-type: none"> Injury or disease Sheet for each claimed condition under MRCA, and/or 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Medical Practitioner comments on pages 7 & 8 of VEA claim 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury or Incident Report			
If a Defence Injury report, currently referred to as an AC563, or any of the previous forms is available in respect to your Injury, Illness or Disease, please include a copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness Statement/s			
If no Injury or Incident Report is available, either because it cannot be located or was not raised, you can attach Witness Statements to support your claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Supporting Statement			
You may include a Supporting Statement in respect of your claim/s. this statement should detail the circumstances of your claim and the attribution of the injury, disease or illness to your ADF Service, either as a direct cause or aggravating factor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Identity			
if you have not already supplied, you need to complete Proof of Identity and forward with your claim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Documentation			
If there is any other documentation that you believe will assist in the management of your claim, please attach. this could include such items as "Approvals for Civilian Sport" or "Police Reports"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covering Letter (detailing further information to follow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>