Australian Government
Department of Veterans' Affairs

Ear Condition(s)
Medical Impairment Assessment

Veteran	UIN

Please assess the following condition(s):

1. Please list the veteran's symptoms.

.....

.....

2. How **frequently** does the veteran get symptoms?

Description of symptom	Select One
None.	☐
Intermittent.	☐
Frequent.	☐
Everyday/Continuous.	☐

3. Describe the **severity** of the symptoms.

Description of symptom	Select One
None or negligible – Easily tolerated symptoms.	☐
Minor – Symptoms that are tolerable much of the time.	☐
Moderate.	☐
Severe.	☐

4. Please list **all conditions** contributing to the reported impairment and indicate the **relative contribution.** Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Otitic barotrauma	75%
Total	**100%**

Doctor's signature	Doctor's name	Date	Time to complete form

Save Print Clear