Australian Government
Department of Veterans' Affairs

Female Reproductive System
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Please select the most accurate description of impairment of **fertility**.

Description	Select One
None.	☐
Infertility associated with natural menopause.	☐
Difficulty conceiving but has conceived naturally.	☐
Reduced fertility – successful pregnancy has been achieved only with medical intervention (e.g. IVF, hormonal stimuli).	☐
Pregnancy is medically proscribed due to serious risk to the health of mother or potential child.	☐
Complete infertility – unable to become pregnant or maintain a pregnancy to term.	☐

At what age was the onset of this level of infertility? .....

2. Please select **all** that apply in relation to the **cervix and / or uterus**.

Description	Select
No abnormality.	☐
Scarring or partial loss of the cervix without loss of function.	☐
Cervical incompetence.	☐
Endometriosis.	☐
Severe menorrhagia.	☐
Hysterectomy.	☐

At what age was the hysterectomy (if applicable)? .....

3. Please select the most accurate description in relation to the **ovaries and fallopian tubes**.

Description	Select One
No abnormality.	☐
Recurrent Salpingitis.	☐
Loss or removal of single ovary.	☐
Loss or removal of both ovaries (whether or not associated with hysterectomy).	☐

At what age did loss of ovaries occur (if applicable)? .....

4. Please select **all** that apply to any physical alteration(s) of the **vagina, and external genitalia**.

Description	Select
No abnormality.	☐
Minor scarring or anatomic variation.	☐
Clitoridectomy.	☐
Vulvectomy.	☐

At what age did this loss occur? .....

5. Please list **all conditions** contributing to the reported impairment and indicate the **percentage 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. Cervical Cancer	25%
Total	**100%**

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

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