Australian Government
Department of Veterans' Affairs

Hernia and Stoma
Medical Impairment Assessment

Veteran	UIN

Please assess the following conditions:

1. Does the veteran **currently** have any of the following **stomas**?

Description	Select
None.	
Oesophagostomy or Gastrostomy.	
Jejunostomy or ileostomy.	
Colostomy.	

2. Please select **all** that apply in relation to any **ventral** and/or **inguinal hernias**.

Description	Ventral	Right Inguinal	Left Inguinal
None.			
Surgically **repaired** hernia.			
Easily **reducible** hernia.			
Hernia **not easily reduced** resulting in **mild symptoms**.			
Large hernia resulting in **frequent symptoms**.			

3. 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. Gastric Cancer	75%
Total	**100%**

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

Save Print Clear