Australian Government
Department of Veterans' Affairs

Ear, Nose and Throat Condition(s)
Medical Impairment Assessment

Veteran	UIN

Insert conditions:
For this assessment, each condition needs to be assessed in **isolation** from all others. This means that when assessing a condition, you will need to assess the impairment **as though only that single condition is present**, and that the veteran is otherwise healthy and normal.

1. Please select the most accurate description of any **otorrhoea,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Intermittent.	☐	☐	☐
Permanent.	☐	☐	☐

2. Please select the most accurate description of any **otalgia,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Intermittent.	☐	☐	☐
Permanent.	☐	☐	☐

3. Please select the most accurate description of any **tinnitus**, due to each condition *in isolation*.

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Intermittent.	☐	☐	☐
Permanent.	☐	☐	☐

4. Please select **all** that apply for any **symptoms affecting the nose**, due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Post nasal discharge, rhinorrhoea and/or sneezing.	☐	☐	☐
Some loss/change in olfaction.	☐	☐	☐
Complete loss of olfaction.	☐	☐	☐

5. Please select the most accurate description of any **loss of taste,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Some loss/change in taste.	☐	☐	☐
Complete loss of taste.	☐	☐	☐

6. Please select the most accurate description of any **tracheostomy,** due to each condition *in isolation.*

Description	Condition:	Condition:	Condition:
None.	☐	☐	☐
Previous tracheostomy or stoma.	☐	☐	☐
Permanent tracheostomy or stoma.	☐	☐	☐

7. Are there any other comments you would like to make regarding the impact of the veteran's ear, nose or throat condition(s)?

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

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