



When to use this form

This form will need to be completed and attached as supporting evidence to a claim being made under the COVID-19 Vaccine Claims Scheme (the Scheme).

Who should complete this form

This form needs to be completed by a reporting practitioner.

A reporting practitioner is an Australia registered medical practitioner and is qualified (by reference to their professional qualifications and expertise) to prepare a report on the patient's condition as a result of the Harm suffered, including in relation to the treatment required.

A reporting practitioner may also, but does not have to, be the treating practitioner.

A treating practitioner is an Australia registered medical practitioner, who has treated or examined the patient in relation to the Harm suffered, and is qualified (by reference to their professional qualifications and expertise) to provide treatment to, or undertake an examination of, the patient, express the opinions contained in any report provided about the patient, and express an opinion on whether the treatment they provided was reasonably required as a result of the Harm suffered. For a Harm to be accepted as diagnosed, generally a diagnosis must be made by an appropriately qualified medical practitioner in a relevant field of practice. For fields of practice relevant to diagnoses, refer to the Guidance for Conditions Document and the Guidance for Injuries Document on the Department of Health website

This form can be completed by the medical practitioner who diagnosed the condition (which may be the treating practitioner, noting they must be in a relevant field of practice) or by the patient's regular medical practitioner where they have access to the letters and opinion of a medical practitioner in a relevant field of practice who diagnosed the condition.

Important information for patients

The reporting practitioner completing this form will need to make a number of statements in relation to the different types of costs you may wish to claim under the Scheme.

You should know which cost categories you are claiming against before bringing this report to your reporting practitioner. This includes your evidence to support these costs such as past and future out of pocket expenses.

When booking an appointment with the reporting practitioner you may want to mention what the appointment is for as a longer appointment may be required.

Important information for patients and medical practitioners

We may contact the reporting practitioner and/or treating practitioner to confirm or clarify information provided about the patient's medical condition(s).

Harm refers to a claimable medical condition developed by the COVID-19 vaccine recipient (refer to the Guidance for Conditions Document for a list of eligible conditions applicable to specific vaccine products), or an injury that was sustained during the administration of a COVID-19 vaccination, but **cannot** be:

- contracting COVID-19
- psychological and psychiatric conditions
- secondary injuries (such as injury suffered when fainting, or a haematoma at the injection site that becomes infected)
- headache
- fatigue
- injection site reaction
- muscle or joint pain
- dizziness
- diarrhoea
- pain in extremity
- fever
- insomnia
- nausea
- vomiting
- lethargy
- hyperhidrosis
- chills
- decreased appetite
- malaise
- lymphadenopathy
- somnolence
- abdominal pain
- pruritus
- urticaria/rash
- influenza-like illness
- angioedema, and
- anxiety-related reactions such as hyperventilation and fainting.

It is recognised that clinical documentation and correspondence is usually written in the context of a therapeutic setting for the primary purpose of direct communication between medical practitioners, or a medical practitioner and their patient, and not for the purpose of seeking financial compensation. This form allows reporting practitioners the opportunity to highlight, translate, and communicate any pertinent clinical information. To best assist with the interpretation of clinical material for the purpose of assessing eligibility for financial compensation, it is essential that any clinical attachment referred to in this form is associated with a supplementary explanation provided by the reporting practitioner.

Returning this form

You must include this form in support of your COVID-19 vaccine claims scheme application.

When submitting a claim on the Express Plus Medicare App or your Medicare online account through MyGov, you will be prompted to upload this form as part of your supporting evidence.

This form will become part of the supporting evidence required when submitting an application under the Scheme and will need to be submitted with the application to Services Australia.

For more information

Go to servicesaustralia.gov.au/covid19vaccineclaims or call **1800 653 809** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Information for the reporting practitioner who is completing this form

A claim under the Scheme will not be eligible if the condition or injury is not diagnosed and considered by the reporting practitioner to have been most likely caused by a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine or its administration, and less likely caused by any of the vaccine recipient's other circumstances.

In some cases, we may not need all of this information to be submitted. In these cases, you will be prompted to declare that you hold this information and that it is available upon request.

To be able to complete this form you need to meet the definition of a reporting practitioner.

For more information about the Scheme and to assist you to complete this form, refer to the COVID-19 Vaccine Claims Scheme Policy 2021, Guidance for Conditions Document and Guidance for Injuries Document on the Department of Health website, available at [health.gov.au](https://www.health.gov.au)

Assessment criteria for claims

All claims will be assessed against a set of administrative criteria, followed by assessment of evidence submitted against 2 criteria.

Criterion 1

The patient has been diagnosed with a claimable medical condition(s) or injury by a reporting practitioner who is either in a relevant field of practice or has access to the letters and opinion of a treating practitioner in a relevant field of practice who diagnosed the condition. This diagnosis is accompanied by sufficient information to explain how that diagnosis was established including any diagnostic criteria and/or case definitions relied upon for this case.

The reporting practitioner's statement is required to explain why the diagnosis was reached, including where opinion is based upon the diagnosis or view from a treating practitioner who has treated or examined the patient:

- using recognised guidelines*, or
- providing why the diagnosis is most likely in the individual case, in the absence of clear guidelines or when deviating from recognised guidelines.

The statement must include a summary of the types of investigations conducted and the results received (for example, observation, type of test or imaging), that led to diagnosis.

Criterion 2

The reporting practitioner has provided opinion that the most likely cause of the diagnosed condition(s) and/or injury is COVID-19 vaccination. Other causes have been considered and appear less likely to have contributed to the individual's diagnosis.

The reporting practitioner's statement is required to explain why the most likely cause of the diagnosis is COVID-19 vaccination, including where opinion is based upon the diagnosis or view from a treating practitioner who has treated or examined the patient:

- using recognised causality assessment guidelines*, or
- providing why the COVID-19 vaccination is most likely in the individual case, in the absence of clear causality assessment guidelines or when deviating from recognised guidelines.

The statement must include a summary of the types of investigations conducted and the results received (e.g. observation, type of test or imaging), that led to the conclusion that COVID-19 vaccination is the most likely cause of the diagnosed condition or injury.

The statement must include a summary of how other potential causes have been considered less likely to have contributed to the individual's diagnosis.

Fatal outcomes from claimable conditions

For claims where a fatal outcome has occurred (Tier 3), a death certificate is required. The same assessment process is followed and the same evidence requirements apply regarding the condition that resulted in death. Specifically, the reporting practitioner must address whether the patient was diagnosed with a claimable medical condition and/or injury and provide an opinion that the condition was most likely caused by COVID-19 vaccination and that other causes have been considered and appear less likely to have contributed to the individual's diagnosis. Additionally, a medical practitioner must provide an opinion as to whether the condition suffered by the COVID-19 Vaccine Recipient has caused, or materially contributed to, their death (having regard to the cause(s) of death specified in the death certificate or medical cause of death certificate).

Definitions

For a list of definitions, refer to the COVID-19 Vaccine Claims Scheme Policy, Guidance for Conditions Document and Guidance for Injuries Document on the Department of Health website.

* Refer to the COVID-19 Vaccine Claims Scheme Policy 2021, Guidance for Conditions Document and Guidance for Injuries Document on the Department of Health website.

Patient's name

Medical practitioner's initials

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Patient's details (person who received the vaccine)

1 Medicare card number

Ref no.

or

Individual Healthcare Identifier

2 Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

4 Postal address

5 Has the patient been known by any other names?

No

Yes Give details below

6 When did you first start treating the patient (DD MM YYYY)

7 Provide details of the treatment provided

Medical opinion of diagnosis and link to vaccination

For the purposes of the Scheme a claimant may be diagnosed with a claimable medical condition (Question 8) and/or diagnosed with an injury that was sustained during the administration of a COVID-19 vaccination (Question 9). For more information refer to the Guidance for Conditions Document and Guidance for Injuries Document on the Department of Health website.

8 The patient has been diagnosed with the following claimable medical condition(s) by a medical specialist in the **relevant field of practice**, as outlined in the Guidance for Conditions Document on the Department of Health website.

In the case of a fatal outcome, a forensic pathologist may be considered a relevant specialty for the clinical conditions covered by the Scheme.

Tick all that apply

Eligible Clinical Condition / Applicable COVID-19 Vaccine(s) / Diagnosed by:

- Anaphylactic Reaction
Astra Zeneca/Pfizer/Moderna/Novavax
All medical practitioners
- Thrombosis with Thrombocytopenia Syndrome
AstraZeneca
Haematologist
- Myocarditis
Pfizer/Novavax/Moderna
Cardiologist
- Pericarditis
Pfizer/Novavax/Moderna
Cardiologist
- Capillary Leak Syndrome
AstraZeneca
Intensive Care Medicine or Haematologist
- Guillain Barre Syndrome
AstraZeneca
Neurologist or Immunologist
- Thrombocytopenia / Immune Thrombocytopenia
AstraZeneca
Haematologist or Immunologist
- Transverse Myelitis
AstraZeneca
Neurologist or Immunologist
- Cerebral Venous Sinus Thrombosis (CVST) without
Thrombocytopenia
AstraZeneca
Haematologist or Neurologist
- Erythema Multiforme (Major)
Pfizer/Moderna
Dermatologist or Immunologist



MCA0MO063 230411

Patient's name

Medical practitioner's initials

9 Read this before answering the following question.

The injury sustained during the administration of a COVID-19 vaccination can **not** be:

- contracting COVID-19
- psychological and psychiatric conditions
- secondary injuries (such as injury when fainting, or a haematoma at the injection site that becomes infected)
- headache
- fatigue
- injection site reaction
- muscle or joint pain
- dizziness
- diarrhoea
- pain in extremity
- fever
- insomnia
- nausea
- vomiting
- lethargy
- hyperhidrosis
- chills
- decreased appetite
- malaise
- lymphadenopathy
- somnolence
- abdominal pain
- pruritis
- urticaria/rash
- influenza like illness
- angioedema, or
- anxiety related reactions such as hyperventilation and fainting.

Has the patient been diagnosed with:

- an injury sustained during the physical act of administering a COVID-19 vaccination, or
- other moderate to significant physical injury giving rise to permanent impairment or the need for extended medical treatment?

No

Yes What is the injury?

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10 Date of symptoms onset (if known) (DD MM YYYY)

11 Date of diagnosis (DD MM YYYY)

12 Is your opinion based on another treating practitioner's assessment?

No Go to 14

Yes

13 Name of treating practitioner

Treating practitioner's specialty or field

Medicare provider number

Business phone number (including area code)

Email (if known)

14 Explain how the diagnosis was reached. Refer to the 'Important information for patients and medical practitioners'.

a) Symptoms related to the claimable condition and/or injury

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b) Examination finding and how these demonstrate the diagnosis of the claimable condition/injury

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c) Investigations conducted as part of the diagnosis or assessment of the claimable condition

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- d) Results from investigations and how the interpretation of these results led to the diagnosis of the claimable condition

The claims assessment considers whether information has been submitted to explain the diagnosis. The assessment does not re-diagnose the patient.



If you are not the treating practitioner, provide a copy of the treating practitioner report.

- 15** In your medical opinion was the diagnosed medical condition and/or injury most likely caused by the COVID-19 vaccine received by the patient and less likely caused by any other circumstance?

No

- Yes Explain why the most likely cause of the diagnosed medical condition and/or injury is the COVID-19 vaccination. This may include use of recognised causality assessment guidelines.

Explain how other potential causes of the diagnosed medical condition and/or injury have been considered, and appear less likely to have contributed to the claimant's diagnosis than the vaccination received by the claimant. This statement must include a summary of results from examination findings or investigations that led to the conclusion that other causes are less likely than the vaccination received by the claimant.

Details of loss suffered by patient

- 16** Did the patient die as a result of the Harm?

No **Go to 19**

Yes



Provide a copy of the death certificate.

- 17** In your medical opinion advise the circumstances of the patient's death

- 18** In your medical opinion did the Harm suffered by the patient cause, or materially contribute to their death?

No **Go to 54**

Yes

Provide comments with regards to the cause(s) of death specified in the death certificate or medical cause of death certificate.

Go to 54

- 19** Was the patient admitted to hospital as an inpatient for treatment of the Harm suffered?


No **Go to 21**

Yes

Patient's name

Medical practitioner's initials

20 If the patient was admitted to hospital as an inpatient:

 Provide documentation verifying the admission of the patient to hospital as an inpatient where treatment for the Harm was sought and received.

OR

If not covered in the hospital document, give the following details:

Date of admission (DD MM YYYY)

Date discharged (DD MM YYYY)

Name of hospital

Address

Postcode

Reason for admission as an inpatient to hospital

► **Go to 24**


21 Read this before answering the following question.

Waiver to the Hospitalisation Requirement

Questions 21–23 are required to be answered to support why the patient was not admitted to hospital as an inpatient.

Why was the patient not admitted to hospital as an inpatient?

- Due to the nature of the Harm suffered
- The patient was in a rural or remote area at the time the Harm was suffered, making it difficult for them to access a Hospital.

 Provide evidence to support the location of where the patient was when they suffered the Harm.


- Patient died

Date of death (DD MM YYYY)

 Provide death certificate.

► **Go to 53**

- None of the above

 This claim is not eligible under the COVID-19 Vaccine Claims Scheme. For more information on eligibility, go to servicesaustralia.gov.au/covid19vaccineclaims

22 Did the patient receive treatment mostly likely related to the Harm in an outpatient care setting under the supervision of a Treating Specialist or Consultant Physician?

- No ► **Go to 24**
- Yes

23 Outpatient care

Outpatient care means any treatment that is provided by or under the supervision of a Treating Specialist or Consultant Physician in an outpatient care setting, outside of Hospital admission, but which does not include Emergency Department Presentation.

Outpatient care may be provided in a hospital outpatient clinic, private clinic or primary care centre.

Give details of the nature and duration of the outpatient care

Name of the Treating Specialist or Consultant Physician who provided this care

Business phone number (including area code)

Email

Patient's name

Medical practitioner's initials

24 Based on your medical opinion what are the circumstances, nature and severity of the Harm suffered by the patient?

25 What is your current view of the prognosis for the patient?

26 What period did the patient suffer the Harm?
Give dates or, if the patient is still experiencing the symptoms write 'ongoing' and give an indication of the estimated duration

27 Is the patient claiming for past and/or future lost earnings as a result of the Harm?

No **Go to 33**
Yes

28 Has the patient required time off work or caring duties as a result of the Harm?

No **Go to 33**
Yes

29 List the period of time the patient was unable to work due to the Harm

From (DD MM YYYY)
To* (DD MM YYYY)

* If the patient **has not** been able to return to work due to the Harm, write the expected return to work date below. If unknown, estimate how long the symptoms will affect the patient's capacity to work. **To be able to assess this claim, this needs to be completed.**

Expected return to work date (DD MM YYYY)

If unknown, estimate how long the symptoms will affect the patient's capacity to work

Less than 3 months 13-24 months
3-12 months More than 24 months

Explain how this date or estimate was determined and if the patient will return to work on a reduced basis

30 Explain why the patient was unable to work during this period

31 Has the patient returned to work on a reduced basis?

No
Yes Give details

Patient's name

Medical practitioner's initials

32 Outline the past and future impacts and/or restrictions on the patients ability to work, including whether they will be unable to work or only able to work on a reduced basis.

33 Is the patient claiming Gratuitous Attendant Care Services under the Scheme?

No **Go to 37**
Yes

34 Provide the nature and duration of the services

35 Based on your medical opinion, to what extent were/are the services reasonably required as a result of the Harm?

Tick all that apply

There is (or was) a reasonable need for the services to be provided

The need has arisen (or arose) most likely because of the Harm suffered

The services were (or will be) provided to the patient mostly like as a result of the Harm suffered

36 Was/is the Gratuitous Attendant Care Services required for:

- 6 or more hours a week, and
- for a period of at least 6 consecutive months?

No
Yes

37 Is the patient claiming Paid Attendant Care Services?

No **Go to 40**
Yes

38 Provide the nature and duration of the services provided/required

39 Based on your medical opinion, to what extent were/are the services reasonably required as a result of the Harm?

Tick all that apply

There is (or was) a reasonable need for the services to be provided

The need has arisen (or arose) most likely because of the Harm suffered

The services were (or will be) provided to the patient mostly like as a result of the Harm suffered

40 Is the patient claiming Gratuitous Domestic Services?

No **Go to 43**
Yes

41 Based on your medical opinion, advise:

- whether the COVID-19 vaccine recipient is unable to or has a reduced capacity to provide the Gratuitous Domestic Services they provided prior to suffering the Harm
- the extent to which the COVID-19 vaccine recipient's capacity to provide the Gratuitous Domestic Services they provided prior to suffering the Harm has reduced
- the likely duration of the COVID-19 vaccine recipient's reduced capacity to provide the Gratuitous Domestic Services they provided prior to suffering the Harm, and
- that there is a reasonable expectation that the COVID-19 vaccine recipient would most likely have provided the services to the care recipient(s) for at least 6 hours per week and for a period of at least 6 consecutive months.

42 Based on your medical opinion, to what extent were/are the services reasonably required as a result of the Harm?

Tick all that apply

There is (or was) a reasonable need for the services to be provided

The need has arisen (or arose) most likely because of the Harm suffered

The services were (or will be) provided to the patient mostly like as a result of the Harm suffered

Patient's name

Medical practitioner's initials

43 Is the patient claiming past out of pocket costs?

No **Go to 45**

Yes

44 For these costs provide:

- evidence as to the nature of the treatment received by the patient for which a claim for past out of pocket expenses is made and, if available, the names, contact details, provider numbers, and specialities or field of specialities (if any) of the practitioners that provided such treatment, and
- in your medical opinion as to whether, why and the extent to which the treatment was reasonably required as a result of the Harm suffered.

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45 Is the patient claiming for future out of pocket costs?

No **Go to 47**

Yes

46 For these costs, provide:

- evidence as to the nature and estimated duration (for example, quotes) of any future treatment that is reasonably required by the patient as a result of the Harm likely caused by the COVID-19 vaccine, and
- your medical opinion as to whether, why and the extent to which the treatment is reasonably required as a result of the Harm suffered.

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47 Is the patient claiming for pain and suffering?

No **Go to 53**

Yes

48 In your medical opinion do you believe the patient suffered from pain and suffering?

No

Yes

49 Outline the nature of the pain and suffering

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50 Nature of the impairment to the patient's ability to lead a normal life including the impact on their pre-existing earning capacity

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51 The likely duration of the Harm, pain and suffering and impairment

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52 Is there any other relevant information that needs to be considered in determining the patient's pain and suffering?

No

Yes **Give details**

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Provide a copy of any documents.

Patient's name

Medical practitioner's initials

53 Is there any other information or supporting documents you consider relevant for us to assess the claim?

This could include medical reports or opinions from other practitioners.

No

Yes Give details

Form with horizontal dashed lines for providing details.



Provide a copy of any documents.

Additional claims for previously compensated cases

54 Has a claim under the Scheme been lodged for the patient already?

No **Go to 57**

Yes

55 Further related Harm

Has the Harm suffered by the patient gotten significantly worse and requires additional treatment for a period of at least 6 months after the latest date for which Compensation was originally paid under the Scheme in respect of treatment?

No

Yes Outline how the Harm has gotten significantly worse, what treatment is required and the period it is required for

Form with horizontal dashed lines for providing details of harm.

56 Unrelated Harm

Is the Harm for a different and Unrelated Harm to the previous Harm that was not known or foreseeable when the first claim was lodged?

No

Yes Give details of the Harm

Form with horizontal dashed lines for providing details of harm.

Reporting practitioner's details

57 Dr Mr Mrs Miss Ms Other

Family name

Text input field for family name.

First given name

Text input field for first given name.

58 Practice address

Form with horizontal dashed lines for practice address, including a Postcode field.

59 Medicare provider number

Text input field for Medicare provider number.

60 Qualification (including field of specialty)

Text input field for qualification.

61 Business phone number (including area code)

Text input field for business phone number.

Email

Text input field for email.

Privacy notice

62 Important information for the doctor or medical specialist

Your personal information is protected by law, including the Privacy Act 1988, and is collected by Medicare for the assessment and administration of payments and services. Your information may be used by us or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which we will manage your personal information, including our privacy policy, to servicesaustralia.gov.au/privacy or by requesting a copy from the agency.

Declaration

63 I declare that:

- the patient has given consent that I can disclose medical information about them for the purpose of determining the patient's eligibility under the Scheme
- I have received reports, case notes from the treating practitioner and am qualified (by reference of my professional qualifications and expertise) to complete this report on the patient's condition as a result of the Harm suffered and the treatment the patient has required, or
- I am the treating practitioner who has treated or examined the patient in relation to the Harm suffered. I am qualified (by reference of my professional qualifications and expertise) to provide:
 - the treatment given to the patient, and
 - the opinions contained in any report (including this report) provided about the patient.
- the information I have provided in this form is complete and correct.

I understand that:

- Services Australia, the Department of Health (including the Therapeutic Goods Administration) and their contractors (which includes members of the Independent Expert Panel, as well as other medical and legal professionals) may contact me to confirm and discuss this report and the supporting information provided.
- giving false or misleading information is a serious offence.

Reporting practitioner's signature

Date (DD MM YYYY)

Checklist

64 Documents the patient will need to supply that the doctor might have.

	Tick all that apply
A copy of the treating practitioner report (Question 14)	<input type="checkbox"/>
A copy of the death certificate (Question 16)	<input type="checkbox"/>
Evidence of inpatient hospitalisation and cause of inpatient hospitalisation (Question 20)	<input type="checkbox"/>
Any other evidence and/or report you believe will assist in the assessment of determining eligibility of the claim (Questions 52 and 53)	<input type="checkbox"/>

Returning this form

Give the completed form and any supporting evidence to your patient, who can provide it to us when they submit their claim under the COVID-19 Vaccine Claims Scheme.