

MEDICAL STATEMENT FOR CONSIDERATION OF AID & ATTENDANCE

**** (Please circle the appropriate answer and explain each in detail.) ****

RETURN ADDRESS:

VA FILE NO. _____

VETERAN'S NAME: _____
Last

CLAIMANT'S NAME: _____
Last First Middle

1. Complete Diagnosis: _____

2. Is the claimant able to walk unaided? Yes No
Explanation: _____

3. Is the claimant able to feed him/herself? Yes No
Explanation: _____

4. Does the claimant need assistance in bathing and tending to other hygiene needs? Yes No

5. Is the claimant able to care for the needs of nature? Yes No
Explanation: _____

6. Is the claimant confined to bed? Yes No
Explanation: _____

7. Is the claimant able to sit up? Yes No
Explanation: _____
