

Vaccine Damage Payment Scheme

**Medical Assessment Report (VAD 30 (MA) Form)**

**Vaccinated Person’s Details**

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| --- | --- | --- | --- |
| Surname | | %%LASTNAME%% | |
| First Names | | %%FIRSTNAME%% | |
| Date of Birth | | %%DATEOFBIRTH%% | |
| NHS Number | | %%NHSNO%% | |
| VAD Number | | %%INTERNALCASENUMBER%% | |
|  | |  | |
| PART 1 | To be completed by the Registered Medical Practitioner | | |
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| **DISALLOWANCE** | | |  |
| My opinion is that, on the balance of probability, the person named above is not severely disabled as a result of vaccination against one of the diseases specified in section 1(2) of the Vaccine Damage Payments Act 1979 for a reason given below: | | | |
| Causation due to vaccination has not been accepted (59) ***(Complete Sections 1, 2, 3, 4 and 8).*** | | | |
| On the balance of probability, causation has been accepted, but disablement due to vaccination is less than 60% (59B) ***(Complete Sections 1, 2, 3, 5, 6, 7 and 8).*** | | | |
| **AWARD** | | |  |
| My opinion is that, on the balance of probabilities, the person named above is severely disabled as a result of vaccination against one of the diseases specified in section 1(2) of the Vaccine Damage Payments Act 1979 ***(Complete Sections 1, 2, 3, 5, 6, 7 and 8).*** | | | |

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| **Section 1. Relevant Diseases and Evidence Considered** | | | | |
| COVID-19 |  |  |  | |
| Diphtheria |  | Poliomyelitis | |  |
| Tetanus |  | Haemophilus Influenzae Type B (HIB) | |  |
| Pertussis (whooping cough) |  | Meningococcal Group B | |  |
| Measles |  | Meningococcal Group C (Meningitis C) | |  |
| Mumps |  | Meningococcal Group W | |  |
| Rubella (German Measles) |  | Human Papillomavirus (HPV) | |  |
| Tuberculosis (TB) |  | Rotavirus | |  |
| Influenza |  | Pneumococcal (PCV) | |  |
| Smallpox (vaccine administered prior to 1 August 1971) |  | Pandemic Influenza A (H1N1) 2009 (swine flu from 10 October 2009 up to 31 August 2010) | |  |
| **Documentary evidence considered:** | | | | |

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| **Section 2. Claimant/Claimant’s Representative History (as recorded**  **on the claim form and in the evidence)** | |
| **History:** | |
| **Section 3. Registered Medical Practitioner’s Opinion on Causation** | |
| Does the documentary evidence support a causal link between the injury and the vaccination? | |
| No – ***please complete Sections 4 and 8*** |  |
| Yes – ***please complete Sections 5, 6, 7 and 8 (as applicable)*** |  |

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| **Section 4. Reasons and justification of the Registered Medical Practitioner’s opinion that causation should not be accepted** |
| **Reasons and Justification:** |

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| **Section 5. Reasons and Justification of the Registered Medical Practitioner’s opinion that causation should be accepted** |
| **Reasons and Justification:** |

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| **Section 6. Registered Medical Practitioner’s opinion on Assessment of Disablement (To be completed in all cases where causation has been Accepted)** |
| Has the relevant injury(ies) resulted in a Loss of Faculty? No Yes  If **Yes** – complete Section 7 |

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| **Section 7. Advice on disability and disablement** |
| **Describe the Disablement:** |
| Is the level of disablement 60% or more? No Yes  Is there another cause of the injury, i.e., the injury from the  vaccination is only a partial cause of the relevant loss of faculty? No Yes |
| If **Yes** – give details of the other effective cause(s) and the degree of disablement to be disregarded for this claim: |
| After taking into account the other effective cause(s), No  Yes including interaction, is the relevant disablement 60% or more at the present time?  If **No** – will the relevant disablement increase to 60% or more No  Yes over the lifetime of the person? |
| **Describe the Future Disablement:** |

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| **Section 8. Conclusion - a brief summary supporting the opinion noted in Part 1** |
| **Conclusion:** |

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|  | **Print Name** | **Signature** | **Date** |
| Medical Assessor |  |  |  |
| Peer Reviewer |  |  |  |
| Report Finalised |  |  |  |