

Vaccine Damage Payment Scheme

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

**Vaccinated Person’s Details**

|  |  |
| --- | --- |
| 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 |
|  |  |
| **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).*** |

|  |
| --- |
| **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:** |

|  |
| --- |
| **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)***  | [ ]  |

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

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

|  |
| --- |
| **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 [ ] YesIf **Yes** – complete Section 7 |

|  |
| --- |
| **Section 7. Advice on disability and disablement** |
| **Describe the Disablement:** |
| Is the level of disablement 60% or more? [ ] No [ ] YesIs 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 [ ]  Yesincluding interaction, is the relevant disablement 60%or more at the present time? If **No** – will the relevant disablement increase to 60% or more [ ] No [ ]  Yesover the lifetime of the person?  |
| **Describe the Future Disablement:** |

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

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