

Vaccine Damage Payment Scheme

Medical assessment report (VAD30 MA form)

Vaccinated person's details

Surname

First names

Date of birth

NHS Number

VAD number

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 probability, 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 | <input type="checkbox"/> | | |
| Diphtheria | <input type="checkbox"/> | Poliomyelitis | <input type="checkbox"/> |
| Tetanus | <input type="checkbox"/> | Haemophilus Influenzae Type B (HIB) | <input type="checkbox"/> |
| Pertussis (whooping cough) | <input type="checkbox"/> | Meningococcal Group B | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Meningococcal Group C (Meningitis C) | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Meningococcal Group W | <input type="checkbox"/> |
| Rubella (German Measles) | <input type="checkbox"/> | Human Papillomavirus (HPV) | <input type="checkbox"/> |
| Tuberculosis (TB) | <input type="checkbox"/> | Rotavirus | <input type="checkbox"/> |
| Influenza | <input type="checkbox"/> | Pneumococcal (PCV) | <input type="checkbox"/> |
| Smallpox (vaccine administered prior to 1 August 1971) | <input type="checkbox"/> | Pandemic Influenza A (H1N1) 2009 (swine flu from 10 October 2009 up to 31 August 2010) | <input type="checkbox"/> |

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
- Yes - If **Yes** – complete Section 7

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, for example, 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), including interaction, is the relevant disablement 60% or more at the present time?

No Yes

If **No** – will the relevant disablement increase to 60% or more over the lifetime of the person?

No Yes

Describe the future disablement:

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

Conclusion: