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Apply for disability compensation

Form 21-526EZ

5 of 5 Review Application

Review Veteran Details

+

Disabilities

-

Existing Conditions (Rated Disabilities)

Edit

☐ Diabetes Mellitus0

Current rating: 100%

☐ Diabetes Mellitus1

Current rating: 100%

New disabilities

Edit

Do you have any new conditions you want to add to your claim?

Yes

New condition

Add Another

Edit

If you know the name of your condition, you can type it here. You can write whatever you want and we'll make suggestions for possible disabilities (for example, foot pain, back pain, or hearing loss).

PTSD personal trauma

Unknown Condition



Edit

Combat

True

Military sexual trauma

True

Personal assault

Non-combat PTSD **other than** Military sexual trauma or Personal assault

PTSD Walkthrough 781 Choice



Edit

I want to answer questions

First Medals or citations



Edit

Yes

Please tell us what medal or citation you received.

medal of honor

First PTSD incident date



Edit

03/03/1990

First PTSD incident unit assignment

Edit

1st batallion

From

02/03/1990

To

02/03/1995

First PTSD incident location

Edit

Country

United States

State/Province

City

Additional details (Include address, landmark,
military installation, or other location.)

First PTSD individuals Involved yes/no

Edit

Add Another

First 781 PTSD Event Description

Edit

First PTSD incident Additional events.

Edit

Do you have another event or situation to tell us
about?

Yes

Second Medals or citations


Edit

Yes

Please tell us what medal or citation you received.


lkj

Second PTSD incident date



Edit

Second PTSD incident unit assignment




Edit

From

To

Second PTSD incident location



Edit

Country


United States

State/Province

City

Additional details (Include address, landmark, military installation, or other location.)


Second PTSD individuals Involved yes/no



Edit

Add Another

Second 781 PTSD Event Description



Edit

Second PTSD incident Additional events.



Edit

Do you have another event or situation to tell us about?

Additional Remarks - 781



Edit

PTSD Walkthrough 781a Choice



Edit

I want to answer questions

First PTSD assault incident date



Edit

First 781a PTSD Event Description



Edit

First PTSD assault incident unit assignment



Edit

From

To

First PTSD assault incident location



Edit

Country

United States

State/Province

City

Additional details (Include address, landmark.

... (including military installation, or other location.)

First PTSD assault authorities



Add Another

First PTSD assault additional events.



Edit

Do you have another event or situation to tell us about?

No

Additional Remarks - Physical Health Changes




Edit

Increased visits to a medical or counseling clinic or dispensary, even without a specific diagnosis or specific ailment

Pregnancy tests around the time of the incident

Tests for HIV or sexually transmitted diseases

Extreme weight loss or gain

Lethargy



Other

None of these apply to me

Additional Remarks - Physical Health Changes

Edit

Episodes of depression, panic attacks, or anxiety without an identifiable cause

Obsessive behaviors

Increased or decreased use of prescription medications or over-the-counter medications

Substance abuse such as alcohol or drugs

Hypervigilance, heightened fight or flight response

Staying at home, not wanting to go out, agoraphobia

Increased fear of surroundings, inability to go to certain areas

Other

None of these apply to me

Additional Remarks - Additional Behavior Changes



Edit

Unemployability Status



Edit

Are you currently unemployed or at risk of unemployment due to any of your service-connected disabilities?

No