



**SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE**

**IMPORTANT** - THE DEPARTMENT OF VETERANS AFFAIRS (VA) **WILL NOT PAY** OR **REIMBURSE** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

**NOTE TO PHYSICIAN:** Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim.

**SECTION I - DIAGNOSIS**

1A. DOES THE VETERAN HAVE ONE OR MORE SCARS ANYWHERE ON THE BODY, OR DISFIGUREMENT OF THE HEAD, FACE, OR NECK?

YES  NO (If "Yes," complete Item 1B)

1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO SCARS ANYWHERE ON THE BODY, OR DISFIGUREMENT OF THE HEAD, FACE, OR NECK:

DIAGNOSIS # 1:	ICD CODE:	DATE OF DIAGNOSIS:
DIAGNOSIS # 2:	ICD CODE:	DATE OF DIAGNOSIS:
DIAGNOSIS # 3:	ICD CODE:	DATE OF DIAGNOSIS:

1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO SCARS ANYWHERE ON THE BODY, OR DISFIGUREMENT OF THE HEAD, FACE, OR NECK DUE TO SCARS OR OTHER CAUSES, LIST USING ABOVE FORMAT:

**INSTRUCTIONS:** Provide all linear measurements in centimeters and area measurements in centimeters squared. For non-linear scars, measure the length and width at their widest points. After measuring the scars, use the summary sections to provide the combined approximate total area for all scars in each region. If scars are too numerous to count (for example, multiple scattered shrapnel wound scars, acne scarring or pseudofolliculitis barbae), indicate "TNTC" and provide approximate combined total area.

**NOTE:** For VA purposes, superficial non-linear scars are those not associated with underlying soft tissue damage, while deep non-linear scars are associated with underlying soft tissue damage.

**SECTION II - SCARS OF THE TRUNK AND EXTREMITIES**

DOES THE VETERAN HAVE ANY SCARS ON THE TRUNK OR EXTREMITIES (REGIONS OTHER THAN THE HEAD, FACE OR NECK)?

YES  NO (If "Yes," complete this section) (If "No," skip to Section III)

**1. MEDICAL HISTORY**

A. DESCRIBE THE HISTORY (including cause/origin and course) OF THE VETERAN'S SCAR(S) OF THE TRUNK OR EXTREMITIES (Brief summary):

B. ARE ANY OF THE SCARS OF THE TRUNK OR EXTREMITIES PAINFUL?

YES  NO If yes, specify the number of painful scars:  1  2  3  4  5 or more

Describe the pain (if there are multiple painful scars, be sure to adequately identify which scars are painful):

C. ARE ANY OF THE SCARS OF THE TRUNK OR EXTREMITIES UNSTABLE, WITH FREQUENT LOSS OF COVERING OF SKIN OVER THE SCAR?

YES  NO If yes, specify the number of unstable scars:  1  2  3  4  5 or more

Describe the loss of covering of skin over the scar (if there are multiple unstable scars, be sure to adequately identify which scars are unstable):

D. ARE ANY OF THE SCARS **BOTH** PAINFUL AND UNSTABLE?

YES  NO If yes, specify number of scars that are both painful and unstable:  1  2  3  4  5 or more

Describe the location of these scars:

**SECTION II - SCARS OF THE TRUNK AND EXTREMITIES (continued)**

E. ARE ANY OF THE SCARS OF THE TRUNK OR EXTREMITIES DUE TO BURNS?

YES  NO If yes, identify each burn scar and state depth of original burn:

Burn scar #1:

- Full thickness or sub-dermal
- Deep partial thickness
- Less than deep partial thickness

Burn scar #2:

- Full thickness or sub-dermal
- Deep partial thickness
- Less than deep partial thickness

If there are additional burn scars of the trunk and extremities, list using the same format:

**2. PHYSICAL EXAM FOR SCARS ON THE TRUNK AND EXTREMITIES**

**2.1 Details of scar findings for the trunk and extremities**

INDICATE THE ANATOMICAL REGIONS AFFECTED AND COMPLETE APPROPRIATE SECTIONS:

A. RIGHT UPPER EXTREMITY

Affected  Not affected

Specify location of scars on right upper extremity and number them: \_\_\_\_\_

Indicate types of scars and provide measurements (*check all that apply*)

Linear

Length of each linear scar:

Scar # 1: \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

B. LEFT UPPER EXTREMITY

Affected  Not affected

Specify location of scars on left upper extremity and number them: \_\_\_\_\_

Indicate types of scars and provide measurements (*check all that apply*)

Linear

Length of each linear scar:

Scar # 1: \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Superficial non-linear

Length and width of each superficial non-linear scar:

Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

C. RIGHT LOWER EXTREMITY

Affected  Not affected

Specify location of scars on right lower extremity and number them: \_\_\_\_\_

Indicate types of scars and provide measurements (*check all that apply*)

Linear

Length of each linear scar:

Scar # 1: \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

SECTION II - SCARS OF THE TRUNK AND EXTREMITIES (continued)

2.1 Details of scar findings for the trunk and extremities (continued)

INDICATE THE ANATOMICAL REGIONS AFFECTED AND COMPLETE APPROPRIATE SECTIONS:

Superficial non-linear  
Length and width of each superficial non-linear scar:  
Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Deep non-linear  
Length and width of each deep non-linear scar:  
Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

D. LEFT LOWER EXTREMITY

Affected  Not affected

Specify location of scars on left lower extremity and number them: \_\_\_\_\_

Indicate types of scars and provide measurements (check all that apply)

Linear  
Length of each linear scar:  
Scar # 1: \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Superficial non-linear  
Length and width of each superficial non-linear scar:  
Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Deep non-linear  
Length and width of each deep non-linear scar:  
Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

E. ANTERIOR TRUNK

Affected  Not affected

Specify location of scars on anterior trunk and number them: \_\_\_\_\_

Indicate types of scars and provide measurements (check all that apply)

Linear  
Length of each linear scar:  
Scar # 1: \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Superficial non-linear  
Length and width of each superficial non-linear scar:  
Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Deep non-linear  
Length and width of each deep non-linear scar:  
Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

F. POSTERIOR TRUNK

Affected  Not affected

Specify location of scars on posterior trunk and number them: \_\_\_\_\_

Indicate types of scars and provide measurements (check all that apply)

Linear  
Length of each linear scar:  
Scar # 1: \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

Superficial non-linear  
Length and width of each superficial non-linear scar:  
Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm  
Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

SECTION II - SCARS OF THE TRUNK AND EXTREMITIES (continued)

2.1 Details of scar findings for the trunk and extremities (continued)

INDICATE THE ANATOMICAL REGIONS AFFECTED AND COMPLETE APPROPRIATE SECTIONS:

Deep non-linear

Length and width of each deep non-linear scar:

Scar # 1: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 2: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 3: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar # 4: \_\_\_\_\_ x \_\_\_\_\_ cm Scar # 5: \_\_\_\_\_ x \_\_\_\_\_ cm If additional scars, list using same format: \_\_\_\_\_

2.2 Summary of scar findings for the trunk and extremities

A. SUPERFICIAL NON-LINEAR SCARS (CHECK ALL THAT APPLY AND PROVIDE APPROXIMATE COMBINED TOTAL AREA IN CENTIMETERS SQUARED FOR EACH AFFECTED ANATOMICAL REGION)

None

Right upper extremity: Approximate total area: \_\_\_\_\_ cm2

Left upper extremity: Approximate total area: \_\_\_\_\_ cm2

Right lower extremity: Approximate total area: \_\_\_\_\_ cm2

Left lower extremity: Approximate total area: \_\_\_\_\_ cm2

Anterior trunk: Approximate total area: \_\_\_\_\_ cm2

Posterior trunk: Approximate total area: \_\_\_\_\_ cm2

B. DEEP NON-LINEAR SCARS (CHECK ALL THAT APPLY AND PROVIDE APPROXIMATE COMBINED TOTAL AREA IN CENTIMETERS SQUARED FOR EACH AFFECTED ANATOMICAL REGION)

None

Right upper extremity: Approximate total area: \_\_\_\_\_ cm2

Left upper extremity: Approximate total area: \_\_\_\_\_ cm2

Right lower extremity: Approximate total area: \_\_\_\_\_ cm2

Left lower extremity: Approximate total area: \_\_\_\_\_ cm2

Anterior trunk: Approximate total area: \_\_\_\_\_ cm2

Posterior trunk: Approximate total area: \_\_\_\_\_ cm2

SECTION III: SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE OR NECK

DOES THE VETERAN HAVE ANY SCARS OR DISFIGUREMENT OF HEAD, FACE OR NECK?

YES  NO (If "Yes," complete this section) (If "No," skip to Section IV)

1. MEDICAL HISTORY

A. DESCRIBE THE HISTORY (including cause/origin and course) OF THE VETERAN'S SCAR(S) OR OTHER DISFIGUREMENT OF THE HEAD, FACE OR NECK (Brief summary):

B. ARE ANY OF THE SCARS OF THE HEAD, FACE OR NECK PAINFUL?

YES  NO If yes, specify the number of painful scars:  1  2  3  4  5 or more

Describe the pain (if there are multiple painful scars, be sure to adequately identify which scars are painful):

C. ARE ANY OF THE SCARS OF THE HEAD, FACE OR NECK UNSTABLE, WITH FREQUENT LOSS OF COVERING OF SKIN OVER THE SCAR?

YES  NO If yes, specify the number of unstable scars:  1  2  3  4  5 or more

Describe the loss of covering of skin over the scar (if there are multiple unstable scars, be sure to adequately identify which scars are unstable):

D. ARE ANY OF THE SCARS OF THE HEAD, FACE OR NECK BOTH PAINFUL AND UNSTABLE?

YES  NO If yes, specify number of scars that are both painful and unstable:  1  2  3  4  5 or more

Describe the location of these scars:

E. ARE ANY OF THE SCARS OF THE HEAD, FACE OR NECK DUE TO BURNS?

YES  NO If yes, identify each burn scar and state depth of original burn:

Burn scar #1:

Full thickness or sub-dermal

Deep partial thickness

Less than deep partial thickness

Burn scar #2:

Full thickness or sub-dermal

Deep partial thickness

Less than deep partial thickness

**SECTION III - SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE OR NECK (continued)**

**1. MEDICAL HISTORY (continued)**

If there are additional burn scars of the head, face or neck, list using the same format:

**2. PHYSICAL EXAM FOR SCARS OR DISFIGUREMENT OF THE HEAD, FACE AND NECK**

**2.1 Details of scar or disfigurement for the head, face and neck**

A. IDENTIFY EACH SCAR OR DISFIGUREMENT AND PROVIDE MEASUREMENTS:

Scar/Disfigurement #1

Indicate type of impairment:  Scar  Disfigurement

Location of scar/disfigurement #1 \_\_\_\_\_

Length and width (at widest part) of scar/disfigurement #1: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar/Disfigurement #2

Indicate type of impairment:  Scar  Disfigurement

Location of scar/disfigurement #2 \_\_\_\_\_

Length and width (at widest part) of scar/disfigurement #2: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar/Disfigurement #3

Indicate type of impairment:  Scar  Disfigurement

Location of scar/disfigurement #3 \_\_\_\_\_

Length and width (at widest part) of scar/disfigurement #3: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar/Disfigurement #4

Indicate type of impairment:  Scar  Disfigurement

Location of scar/disfigurement #4 \_\_\_\_\_

Length and width (at widest part) of scar/disfigurement #4: \_\_\_\_\_ x \_\_\_\_\_ cm

Scar/Disfigurement #5

Indicate type of impairment:  Scar  Disfigurement

Location of scar/disfigurement #5 \_\_\_\_\_

Length and width (at widest part) of scar/disfigurement #5: \_\_\_\_\_ x \_\_\_\_\_ cm

If additional scars or disfigurement, list using the same format:

B. IS THERE ELEVATION, DEPRESSION, ADHERENCE TO UNDERLYING TISSUE, OR MISSING UNDERLYING SOFT TISSUE?

YES  NO

*If, yes check all that apply*

Surface contour elevated on palpation

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1  Scar/Disfigurement #2  Scar/Disfigurement #3  
 Scar/Disfigurement #4  Scar/Disfigurement #5  Other \_\_\_\_\_

Surface contour depressed on palpation

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1  Scar/Disfigurement #2  Scar/Disfigurement #3  
 Scar/Disfigurement #4  Scar/Disfigurement #5  Other \_\_\_\_\_

Scar adherent to underlying tissue

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1  Scar/Disfigurement #2  Scar/Disfigurement #3  
 Scar/Disfigurement #4  Scar/Disfigurement #5  Other \_\_\_\_\_

Underlying soft tissue missing

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1  Scar/Disfigurement #2  Scar/Disfigurement #3  
 Scar/Disfigurement #4  Scar/Disfigurement #5  Other \_\_\_\_\_

**SECTION III - SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE OR NECK (continued)**

**2.1 Details of scar or disfigurement for the head, face and neck**

C. IS THERE ABNORMAL PIGMENTATION OR TEXTURE OF THE HEAD, FACE, OR NECK?

YES     NO

*If, yes check all that apply*

Hypopigmentation

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1     Scar/Disfigurement #2     Scar/Disfigurement #3  
 Scar/Disfigurement #4     Scar/Disfigurement #5     Other \_\_\_\_\_

Hyperpigmentation

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1     Scar/Disfigurement #2     Scar/Disfigurement #3  
 Scar/Disfigurement #4     Scar/Disfigurement #5     Other \_\_\_\_\_

Induration and inflexibility

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1     Scar/Disfigurement #2     Scar/Disfigurement #3  
 Scar/Disfigurement #4     Scar/Disfigurement #5     Other \_\_\_\_\_

Abnormal texture

If checked, identify each affected scar/disfigurement:

Scar/Disfigurement #1     Scar/Disfigurement #2     Scar/Disfigurement #3  
 Scar/Disfigurement #4     Scar/Disfigurement #5     Other \_\_\_\_\_

Describe type of abnormal texture (for example, irregular, atrophic, shiny or scaly):

**2.2 Summary of scars or other disfigurement of the head, face and neck**

Provide approximate combined total area in centimeters squared for each characteristic of disfigurement:

- a. Approximate total area of head, face and neck with hypo- or hyperpigmented areas: \_\_\_\_\_ cm<sup>2</sup>
- b. Approximate total area of head, face and neck with abnormal texture: \_\_\_\_\_ cm<sup>2</sup>
- c. Approximate total area of head, face and neck with missing underlying soft tissue: \_\_\_\_\_ cm<sup>2</sup>
- d. Approximate total area of head, face and neck that is indurated and inflexible: \_\_\_\_\_ cm<sup>2</sup>

**2.3 Distortion of facial features and tissue loss for the head, face and neck**

Is there gross distortion or asymmetry of facial features or visible or palpable tissue loss?

YES     NO

*If yes, indicate features affected (check all that apply):*

Nose     Chin     Forehead     Cheeks     Lips

Eyes (including eyelids) (If checked, specify):

Tissue loss/distortion of eyelid    Side:  Right     Left  
 Tissue loss/distortion of eye    Side:  Right     Left  
 Anatomical loss of eye    Side:  Right     Left

Ears (auricles) (If checked, specify):

Complete loss of auricle    Side:  Right     Left  
 Deformity of auricle, with loss of less than one-third the substance    Side:  Right     Left  
 Deformity of auricle, with loss of one-third or more of the substance    Side:  Right     Left

For all checked features, provide brief description of the tissue loss, gross distortion and/or asymmetry of facial features:

**SECTION IV - MISCELLANEOUS****NOTE:** Complete this section for all scars or disfigurements, regardless of location.**1. LIMITATION OF FUNCTION/OTHER CONDITIONS**

A. Do any of the scars (regardless of location) or disfigurement of the head, face or neck result in limitation of function?

 YES  NO

If yes, indicate which scars (regardless of location) or disfigurement of the head, face, or neck are causing the limitation and describe the specific limitations:

B. Does the veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms (such as muscle or nerve damage) associated with any scar (regardless of location) or disfigurement of the head, face, or neck?

 YES  NO

If yes, describe (brief summary):

**2. COLOR PHOTOGRAPHS**

Provide color photographs, if possible, for any disfiguring conditions of the head, face and/or neck.

 Photographs not indicated  Photographs provided  Photographs not available**SECTION V - FUNCTIONAL IMPACT**

Does the veteran's scar(s) (regardless of location) or disfigurement of the head, face, or neck impact his or her ability to work?

 YES  NO

If yes, describe impact of the veteran's scar(s) (regardless of location) or disfigurement of the head, face, or neck, providing one or more examples:

**SECTION VI - REMARKS**

Remarks (If any)

**SECTION VII - PHYSICIAN'S CERTIFICATION AND SIGNATURE****CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

Physician signature:	Physician printed name:	Date:
Physician's Phone and Fax Number:	Physician's Medical license Number:	Physician address:

**NOTE** - VA may obtain additional medical information, including an examination, if necessary to complete VA's review of the veteran's application.**IMPORTANT** - Physician please fax the completed form to \_\_\_\_\_ (VA Regional Office FAX No.)**NOTE** - A list of VA Regional Office FAX Numbers can be found at [www.vba.va.gov/disabilityexams](http://www.vba.va.gov/disabilityexams) or obtained by calling 1-800-827-1000.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.