

MEDICAL EVIDENCE CHECKLIST

Collect the records that establish the current disability, medical history, link, and ratable severity.



QUESTION 1
What exists now?

QUESTION 2
Why is it related?

QUESTION 3
How severe is it?

READ FIRST

The strongest medical packet is tailored to the condition and claim theory. A treatment note, diagnostic test, nexus opinion, and rating examination do different jobs.

CURRENT DISABILITY

SHOW WHAT EXISTS NOW

- ☒ **Diagnosis or competent clinical finding**
Use evidence appropriate to the condition. Some claims may involve functional impairment without a named diagnosis.
- ☒ **Objective testing**
Imaging, laboratory work, pulmonary testing, audiology, sleep studies, range of motion, or other relevant measures.
- ☒ **Treatment history**
Dates, providers, medication, therapy, procedures, response, side effects, and current plan.
- ☒ **Functional impairment**
Record how the condition limits ordinary activity and occupational functioning.

MEDICAL LINK

MATCH THE OPINION TO THE EXACT THEORY

DIR

Direct

Does the evidence connect the current disability to an in-service event, injury, disease, or exposure?

CAUSE

Secondary causation

Did the established service-connected condition cause the claimed secondary disability?

AGG

Aggravation

Did the established service-connected condition worsen the claimed disability beyond its natural progression?

OPINION QUALITY

A USEFUL MEDICAL OPINION EXPLAINS WHY

1. Credentials

The author is qualified for the medical question addressed.

2. Record basis

The opinion identifies material history, records, testing, and lay evidence considered.

3. Clear conclusion

The author answers the relevant direct, causation, or aggravation question.

4. Medical reasoning

The explanation connects the facts and medical principles to the conclusion.

5. Accurate facts

The opinion does not depend on a material factual error or an incomplete theory.

RATING EVIDENCE

DOCUMENT SEVERITY IN THE LANGUAGE OF THE CRITERIA

- ☒ **Use current rating criteria**
Identify the measurements, symptoms, frequency, duration, and functional findings the schedule evaluates.
- ☒ **Capture flare-ups and variability**
Explain how often they occur, how long they last, and what changes during them.
- ☒ **Include unfavorable findings too**
A balanced record is more credible and prevents surprise at examination.
- ☒ **Bring the record current**
Old diagnoses may establish history but not necessarily present severity.
- ☒ **Check internal consistency**
Dates, medication, onset, testing, and functional reports should be reconciled where possible.

TREATMENT IS NOT A NEXUS

A record showing treatment proves that care occurred. It does not automatically explain why the disability is related to service or to another service-connected condition.