VA Knee Rating Chart

VA KNEE RATING CHART

Veteran's Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Years of Active Duty (if needed): _____

Service Connection of Knee Pain: _____

Symptoms and Impact:

Referring Physician: _____

Notes (Medical Diagnosis, Flexion, or Extension Test Results, etc.):

VA Rating (if needed):

◯ 10% ◯ 20% ◯ 30%