



Australian Government

Department of Veterans' Affairs

Claimant Report - Exposure to Mustard Gas

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

Surname

Given Names

DVA File Number

Report Detail

1. Has there ever been exposure to mustard gas?

No - Please sign the form and return it to the Department.

Yes

2. When did the exposure to mustard gas occur? (*Please be as specific as possible*)

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3. Where did the exposure to mustard gas occur?

4. What duties were being performed when the exposure to mustard gas occurred?

5. Were there any symptoms at the time of the exposure to mustard gas?

No

Yes - Please describe:

6. Was medical attention needed when the symptoms occurred?

No

Yes - Please describe any medical treatment that was given:

Claimant's Signature

You are reminded that:

- The Declaration you signed on the claim form also covers the information you supply on this form.
- There are penalties for knowingly making false or misleading statements.

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