

Claimant Report - Exposure of Skin 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. Is there a history of exposure to mustard gas?

 **No -** *Please sign the form and return it to the Department*

 **Yes** - Please give details of all periods of such exposure:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Place** | **Duties** | **Parts of the body that came in contact with mustard gas** |
|  |  |  |  |
| / / |  |  |  |
|  |  |  |  |
|  |  |  |  |
| / / |  |  |  |
|  |  |  |  |
|  |  |  |  |
| / / |  |  |  |
|  |  |  |  |
|  |  |  |  |
| / / |  |  |  |
|  |  |  |  |
|  |  |  |  |
| / / |  |  |  |
|  |  |  |  |

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.

|  |
| --- |
|  |
| **/ /** |