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Claimant Report - Exposure to a Specified Respiratory Tract Irritant

Chronic Bronchitis and Emphysema

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

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| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
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Report Detail

1. Is there a history, **at any time**, of exposure to any of the specified respiratory tract irritants? ***The Repatriation Medical Authority has specified the following to be respiratory tract irritants:***
2. **Mustard gas**
3. **Lewisite**
4. **Chlorine gas**
5. **Phosgene gas**
6. **Phthalic anhydride**
7. **Anhydrous ammonia gas**
8. **Another respirable agent which causes comparable tissue damage.**

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

 **Yes**

2. What was the respiratory tract irritant? (*Please be as specific as possible)*

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3. What symptoms were experienced as a result of the exposure and what damage, if any, was done to the lower respiratory tract (airways) and lungs?

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4. Was medical attention needed when the exposure occurred?

 **No**

 **Yes -** *Please describe the medical treatment that was given*

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5. When did this exposure to the respiratory tract irritant occur? *(Please be as specific as possible)*

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6. Where did this exposure to the respiratory tract irritant occur?

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7. What activities were being performed when this exposure to the respiratory tract irritant occurred?

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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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