

## 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.

| Vet     | eran's Details                                   |   |  |
|---------|--|---|--|
| Surname |  | Given Names   | DVA File Number  |
| Rep     | oort Detail                                      |   |  |
| 1.      |  | thority has specified the follow  | specified respiratory tract irritants? The ving to be respiratory tract irritants: |
|         |  | nonia gas ble agent which causes compa e form and return it to the Depo |  |
| 2.      | What was the respiratory                         | tract irritant? (Please be as spe                                       | ecific as possible)  |
|         |  |   |  |
| 3.      | What symptoms were ex to the lower respiratory t | ·   | osure and what damage, if any, was done  |
|         |  |   |  |
|         |  |   |  |

|                 | Folio:  |         |          |
|-----------------|---|---------|----------|
| 4.              | Was medical attention needed when the exposure occurred?  |         |          |
|                 | $\square$ No  |         |          |
|                 | Yes - Please describe the medical treatment that was given  |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
| 5.              | When did this exposure to the respiratory tract irritant occur? (Please be as specific a  | ıs pc   | ossible) |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   | /       | /        |
| 6.              | Where did this exposure to the respiratory tract irritant occur?  |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
| 7.              | What activities were being performed when this exposure to the respiratory tract irrit occurred?  | ant     |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
|                 |   |         |          |
| $\overline{Cl}$ | aimant's Signature  |         |          |
|                 | u are reminded that:  | n 41- ' | a fame   |
|                 | The Declaration you signed on the claim form also covers the information you supply of there are penalties for knowingly making false or misleading statements. | n thi   | is iorm. |
|                 |   |         |          |
|                 | / /   |         |          |