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Claimant Report - Heavy Exposure of the Eyes to Dust

Pterygium

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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1. When were the first symptoms or signs of pterygium first noted in the:

Left eye / / Right eye / /

2. Is there a history of heavy exposure of the eye to dust **in the four years immediately before the first signs or symptoms** of:

Pterygium left eye  **Yes**  **No**

Pterygium right eye  **Yes**  **No**

**Note:** "heavy exposure of the eye to dust" means exposure of the eye to dust in an environment where the person is covered in dust and is without eye protection.

*If you have answered 'No' in respect of each eye, please sign the form and return it to the Department.*

If you have answered 'Yes' for either or both eyes, please give details of the exposure to dust in this period in the table **overleaf**. Include exposure to dust during service as well as exposure to dust outside service.

**Details of dust exposure without eye protection:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Average Hours of Exposure per week** | **Place** | **Nature of dust exposure and duties performed** |
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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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