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Claimant Report - Exposure to Atomic Radiation

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.

| Vetero | an's Details | | |
|-------------|---------------------------|---|--------------------------------|
| Surna | nme | Given Names | DVA File Number |
| Repor | rt Detail | | |
| - | | d Authority defines atomic radiation as | "ionising radiation excluding: |
| (i | ii) therapeutic ra | ground radiation; adiation; and m diagnostic procedures." | |
| 1. I | During service , w | as there exposure to atomic radiation? | |
| | No - Please | sign the form and return it to the Depart | tment |
| | Yes - Please | provide details, being as specific as pos | ssible: |
| (; | a) When did the | exposure to atomic radiation occur? | |
| | | | |
| | | | |
| (1 | b) How long did | the exposure last? (ie how many minute | es, hours, days or weeks) |
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| (c) | | | | | | | | |
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| (d) | What v | vere the cir | cumstance | es that resu | lted in exp | osure to a | atomic radia | ation |
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| Wa | s there e | vnosure to | atomic ra | diation out | side of se | rvice? | | |
| Wa | | exposure to | | | | | nt | |
| Wa | No - A | Please sign | the form | and return | it to the L | Departmen | | |
| | No - A Yes - | Please sign Please pro | the form o | and return s, being as | it to the L | Departmen as possible | | |
| | No - A Yes - | Please sign | the form o | and return s, being as | it to the L | Departmen as possible | | |
| | No - A Yes - | Please sign Please pro | the form o | and return s, being as | it to the L | Departmen as possible | | |
| | No - A Yes - | Please sign Please pro | the form o | and return s, being as | it to the L | Departmen as possible | | |
| | No - A Yes - | Please sign Please pro | the form o | and return s, being as | it to the L | Departmen as possible | | |
| | No - A Yes - | Please sign Please pro | the form o | and return s, being as | it to the L | Departmen as possible | | |
| | No - A Yes - | Please sign Please pro | the form o | and return s, being as | it to the L | Departmen as possible | | |
| (a) | No - A Yes - | Please sign Please prodict the expension | the form ovide detail | and return as, being as comic radia | it to the L specific a tion occur | Departmen as possible r? | : | or we |
| (a) | No - A Yes - | Please sign Please prodict the expension | the form ovide detail | and return as, being as comic radia | it to the L specific a tion occur | Departmen as possible r? | | or we |
| (a) | No - A Yes - | Please sign Please prodict the expension | the form ovide detail | and return as, being as comic radia | it to the L specific a tion occur | Departmen as possible r? | : | or we |
| (a) | No - A Yes - | Please sign Please prodict the expension | the form ovide detail | and return as, being as comic radia | it to the L specific a tion occur | Departmen as possible r? | : | or we |

| (a) Wh | one did the experience to etemic rediction economy | |
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| (c) wn | ere did the exposure to atomic radiation occur? | |
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| (d) What | at were the circumstances that resulted in exposure to atomic radiation? | |
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