



Australian Government
Department of Veterans' Affairs

Claimant Report - Exposure to an Impulsive Noise Sensorineural Hearing Loss

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. When did deafness first occur? (Please be as specific as possible)

Date / /

2. Was there an exposure to an impulsive noise before the onset of deafness?

("impulsive noise" means noise which is characterised by a sharp rise and a rapid decay in sound levels and is less than one second in duration. Examples include fireworks, small arms fire, gunfire, artillery fire, exploding grenades, mines or bombs)

- No**
 Yes - Please indicate the date of the exposure/s, and provide details of how it occurred.

Date / /

3. Was ear protection worn during this exposure?

- No**
 Yes - Please describe the ear protection.

4. Has the deafness permanently worsened at any time?

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

Yes - Please indicate when this happened.

5. Was there exposure to an impulsive noise before the permanent worsening of deafness?

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

Yes - Please indicate the date of the exposure/s, and provide details of how it occurred

Date / /

6. Was ear protection worn during this exposure?

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

Yes - Please describe the ear protection

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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