

Claimant Report - Heavy Exposure to Diesel Engine Exhaust

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. Is there any history of being heavily exposed to diesel engine exhaust?

**The RMA has defined this as:**

1. **being an occupant in an enclosed diesel powered vehicle cabin contaminated with diesel fumes; or**
2. **working in an enclosed space where diesel powered engines or motors are being operated; or**
3. **repairing and/or servicing diesel engines**

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

 **Yes** *- Please describe the nature of the exposure:*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

2. When and for how long did this exposure occur?

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Type of exposure** | **Hours per day of exposure** |
|  **/ /** |  **/ /** |  |  |
|  **/ /** |  **/ /** |  |  |
|  **/ /** |  **/ /** |  |  |
|  **/ /** |  **/ /** |  |  |
|  **/ /** |  **/ /** |  |  |
|  **/ /** |  **/ /** |  |  |
|  **/ /** |  **/ /** |  |  |
|  **/ /** |  **/ /** |  |  |

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.

|  |
| --- |
|  |
|  **/ /** |