



Australian Government

Department of Veterans' Affairs

Claimant Report - Respirable Crystalline Silica Dust

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 a history of having been in an environment where material containing crystalline silica was being removed, dislodged, cut or drilled?

Exposure to crystalline silica dust occurs in specific professions. Among these are construction workers, sandblasters, quarry workers, rock drillers, foundry workers, railroad workers, concrete blasters and cutters, brick masons, pottery workers, ship workers, miners, glass workers, and welders. Workers in these industries are at risk because freshly cracked, split, or fractured silica-based materials release high concentrations of airborne dust. In the construction industry, jobs that can expose workers to hazardous crystalline silica dust include jack hammering, concrete block cutting and sawing, rock drilling and transportation, concrete mixing, tunnelling, and repairing linings of rotary kilns and cupola furnaces.

- No** - Please sign the form and return it to the Department
- Yes** - In the table overleaf please provide details of the exposure to respirable crystalline silica and indicate if this exposure was as a result of work carried out personally or by someone else (*Please be as specific as possible and include service and non-service exposure*):

Exposure to respirable crystalline silica dust:

| Dates | Place | Details of exposure to respirable crystalline silica dust |
|------------|-------|---|
| / / to / / | | |
| / / to / / | | |
| / / to / / | | |
| / / to / / | | |
| / / to / / | | |

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.

/ /