



**Australian Government**

**Department of Veterans' Affairs**

## Claimant Report - Respirable Asbestos Fibres

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, **during service**, of having been in an **enclosed area** when asbestos materials were being applied, removed, dislodged, cut or drilled? (Asbestos fibres may be dislodged by vibration of, or direct damage to the asbestos). An **enclosed area** can be, for example, the interior of a building, ship or aircraft, a covered workshop or factory.

- No** - Please go to Q2
- Yes** - Please describe how the exposure to respirable asbestos occurred and, if it involved working with an asbestos product, indicate if this work was carried out personally or by someone else (Please be as specific as possible):

<b>Periods of exposure</b>	<b>Place</b>	<b>Type of enclosed area</b>	<b>Details of exposure to respirable asbestos</b>
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			

2 Is there a history, **at any other time**, of having been exposed to respirable asbestos fibres when asbestos materials were being applied, removed, dislodged, cut or drilled? (Asbestos fibres may be dislodged by vibration of, or direct damage to the asbestos).

- No** - Please sign the form and return it to the Department
- Yes** - Please describe how the exposure to respirable asbestos occurred and, if it involved working with an asbestos product, indicate if this work was carried out personally or by someone else (Please be as specific as possible):

Periods of exposure	Place	Details of exposure to respirable asbestos	How often did this exposure occur and how long did each exposure last?
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/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			

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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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