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Claimant Report - Exposure to Extremely Low Frequency Magnetic Fields

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

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| **Surname** |  | **Given Names** |  | **DVA File Number** |
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Report Detail

The factor in the Statement of Principles requires a very high dose of exposure to magnetic fields generated at extremely low frequencies (ie frequencies in the range of 3 Hz to 3000 Hz) for eight hours per day on more days than not for a period of 10 years.

Magnetic fields in this range are mostly produced by electric power transmission and distribution lines, electrical wiring, electrical equipment and appliances. Linesmen and substation operators and those who work in close proximity to electrical devices such as electricians, welders and sewing machine operators could achieve the high dose of exposure required by the Statement of Principles.

1. Has there ever been extensive exposure to extremely low frequency (ELF-EMF) magnetic fields?

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

 **Yes**

2. Was there any exposure to extremely low frequency (ELF-EMF) magnetic fields during service in the armed forces? *(Note that radar, navigation systems, TV and radio transmissions and communications equipment - two way radio, microwave, satellite and mobile phones - are* ***not*** *sources of ELF-EMF.)*

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

 **Yes**

3. Please give details of **all** known exposure (**not just exposure during service**) to extremely low frequency magnetic fields, giving dates, source of electromagnetic radiation, distance from the source, hours per day of exposure and the circumstances of exposure. *(Please be as specific as possible and attach a separate sheet if there is insufficient room below)*:

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| **Period when exposure to extremely low frequency magnetic fields occurred** | **Source of ELF-EMF electromagnetic radiation** | **Distance from source** | **Hours of exposure per day** | **Circumstances of exposure eg 'employed as linesman' or 'home situated next to 275,000 volt transmission line'** |
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**If you require additional space a signed statement detailing the information may also be provided with, or in place of this questionnaire. Please also attach any other relevant additional information.**

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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