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Claimant Report - Exposure to Specified Organic Solvents

Erectile Dysfunction

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

For the purposes of the Statement of Principles for erectile dysfunction the RMA has defined organic solvents as meaning aromatic hydrocarbon solvents; ketones; acetates; or carbon disulphide. These are specific types of organic solvents; other types of organic solvents are excluded from this group.

*These organic solvents are used to dissolve oils, fats, resins, rubber, and plastics. White spirit and mineral turpentine are perhaps the most common household examples. People working with benzene, paints (including paint strippers and paint thinners), enamels, varnishes, shellacs and lacquers; fumigants and pesticides; adhesives; resins; printing inks; or rubber solvents,* ***may*** *have been exposed to these organic solvents – it will depend on the nature of the work or the types of chemicals used.*

1. When were the first signs and symptoms of erectile dysfunction?  *(Please be as specific as possible)*

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2. Was there any exposure to the specified organic solvents within the 2 years immediately before erectile dysfunction first developed?

 **No**

 **Yes**

3. Please list all such exposures to these organic solvents, the activities that were being performed at the time, and the frequency of the activity during the period of exposure. ***Please be as specific as possible*** eg cleaning engines 4 days a week.

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Name of the organic solvent or product brand name being used** | **Activity** | **How many days per week** |
|  / / to / / |  |  |  |
|  / / to / / |  |  |  |
|  / / to / / |  |  |  |
|  / / to / / |  |  |  |

4. Did the erectile dysfunction permanently worsen? **Note:** For the purposes of the *Veterans’ Entitlement Act* (1986), permanent worsening requires an increase in the gravity of the disease beyond its natural progression. It excludes temporary exacerbations or any deterioration which is part of the normal course of the disease.

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

 **Yes** – Please provide details, including date of worsening

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5. Was there any exposure to the specified organic solvents within the 2 years immediately before erectile dysfunction permanently worsened?

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

 **Yes**

6. Please list all such exposures to these organic solvents, the activities that were being performed at the time, and the frequency of the activity during the period of exposure. ***Please be as specific as possible*** eg cleaning engines 4 days a week.

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Name of the organic solvent or product brand name being used** | **Activity** | **How many days per week** |
|  / / to / / |  |  |  |
|  / / to / / |  |  |  |
|  / / to / / |  |  |  |

Claimant's Signature

***You are reminded that:***

1. The Declaration you signed on the claim form also covers the information you supply on this form.
2. There are penalties for knowingly making false or misleading statements.

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