



Australian Government

Department of Veterans' Affairs

## Claimant Report – Exposure to a Chemical Agent Contaminated By 2,3,7,8-TCDD (Dioxin)

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*

Chemicals contaminated with 2,3,7,8-TCDD (dioxin) include some herbicides, as well as certain chlorophenols which are fungicides used as wood preservatives.

Herbicides contaminated with 2,3,7,8-TCDD (dioxin) were not used by Australian service personnel during WW2 and there is no record of Australian use during the Korean war or Malayan conflicts. There were two specific incidents during the Vietnam war when a limited number of Australian service personnel were involved in using dioxin contaminated herbicides.

1. Is there a history of:
    - decanting or spraying 2,3,7,8-TCDD contaminated chemicals; or
    - cleaning and maintenance of equipment used to apply 2,3,7,8-TCDD contaminated chemicals; or
    - being sprayed with 2,3,7,8-TCDD contaminated chemicals; or
    - handling or sawing of timber treated with 2,3,7,8-TCDD contaminated chemicals;
    - being in an environment shrouded in dust from timber treated with 2,3,7,8-TCDD contaminated chemicals; or
    - using cutting oils contaminated with 2,3,7,8-TCDD?
- No** - Please sign the form and return it to the Department
- Yes** - In the table overleaf please provide details of exposure to dioxin contaminated chemicals. (Please be as specific as possible)

**Exposure to 2,3,7,8-TCDD (dioxin) contaminated chemicals:**

Period of time when exposure to dioxin contaminated chemicals occurred	How often? daily, weekly, & hours per day	Name of chemical or product brand name	Place	Activity
From:    /    / To:    /    /				
From:    /    / To:    /    /				
From:    /    / To:    /    /				
From:    /    / To:    /    /				
From:    /    / To:    /    /				

**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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