



Australian Government

Department of Veterans' Affairs

Claimant Report - Exposure to Arsenic

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

Arsenic is a naturally occurring element which can be introduced into water through the dissolution of minerals and ores, or from industrial effluent, atmospheric deposition, drainage from old gold mines, or the use of some types of sheep dip. Arsenic is also used in many pesticides. In major Australian reticulated water supplies, concentrations of arsenic range up to 0.015 mg/litre (this is equivalent to 0.015 ppm), with typical values usually less than 0.005 mg/litre.

If **excessive arsenic exposure** is suspected, medical examinations would be conducted, further testing carried out and preventative measures put into place to prevent re-exposure.

The Repatriation Medical Authority (RMA) has specified exposure to arsenic as meaning:

- (a) consuming drinking water with arsenic content higher than 0.05 ppm (50 µg/l) for a cumulative period of at least ten years; or
- (b) having clinical evidence of excessive chronic arsenic exposure.

1. When were symptoms of {+SubstituteClaimedCondition,I} first noticed? *(Please be as specific as possible)*

2. Has there been any exposure to arsenic as specified by the RMA?

- ☐ **No** - Please sign the form and return it to the Department
- ☐ **Yes** - Please provide details of all **service and non-service** exposure in the following table, being as specific as possible:

Dates of exposure to arsenic	Description of how arsenic exposure occurred: Please include the activity or service duty being performed, the source of arsenic, how exposure occurred and the place where exposure occurred.
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/ /	
/ /	
/ /	
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3. Please detail the medical treatment and/or further investigations that were carried out after arsenic exposure.

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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