



**Australian Government**

**Department of Veterans' Affairs**

## **Claimant Report - Exposure to Phenoxy Acid Herbicides Ischaemic Heart Disease**

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 of inhaling, ingesting or having contact with phenoxy acid herbicides 2,4-dichlorophenoxyacetic acid (2,4-D) or 2,4,5-trichlorophenoxyacetic acid (2,4,5-T) (commonly known as Agent Orange)?
  - No** - Please sign the form and return it to the Department
  - Yes** - Please provide details of the exposure and the activity or duties being performed. (Please be as specific as possible and include exposure both during service and in civilian life - See Table over)

Place	Activity or duties performed and description of the reason for using herbicide	Type/brand name of herbicide if known	Period of time when use of the herbicide occurred	How many hours per day?
			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.

/ /