



**Australian Government**

**Department of Veterans' Affairs**

## Claimant Report - Immersion in an Atmosphere with a Visible Tobacco Smoke Haze

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

- During service, was the veteran ever immersed in an atmosphere with a visible tobacco smoke haze in an enclosed space?  
☐ **No** - Please sign the form and return it to the Department  
☐ **Yes**
- Please give details of this exposure to tobacco smoke during service including the location and nature of the enclosed space(s), dates and lengths of exposure and the reasons for being in the enclosed space. (Please state the day, month and year if known.)

Location	Nature of enclosed space (eg tent, workshop etc)	Date (From/To)	Reason for being in the enclosed space (eg shared sleeping quarters, rostered bar duties etc)	Exposure (hours per week)
		To     /     /		
		To     /     /		
		To     /     /		
		To     /     /		

Please attach a separate sheet of paper if there is not enough room above to show all the details.

3. Please give details of any immersion in an atmosphere with a visible tobacco smoke haze in an enclosed space outside of service including the location and nature of the enclosed space(s), and dates and lengths of exposure. *(Please state the day, month and year if known.)*

Location	Nature of enclosed space (eg tent, workshop etc)	Date (From/To)			Exposure (hours per week)
		From	/	/	
		To	/	/	
		From	/	/	
		To	/	/	
		From	/	/	
		To	/	/	
		From	/	/	
		To	/	/	

Please attach a separate sheet of paper if there is not enough room above to show all the details.

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### ***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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