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Claimant Report - Passive Smoking

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

***Passive smoking is defined as being immersed in an atmosphere with a visible tobacco smoke haze in an enclosed space.***

1. Have you ever smoked more than 100 cigarettes, or more than 100 grams of pipe tobacco or cigars?

 **Yes -** *Please sign the form and return it to the Department*

 **No**

2. During service, were you 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**

3. Please give details of this passive smoking **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.

4. Please give details of any passive smoking **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.

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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