

**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE STATEMENT IN SUPPORT OF CLAIM FOR
DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS DUE TO EXPOSURE**

IMPORTANT - Please carefully read the information below to help you complete this form more quickly and accurately. Some parts of the form also contain notes or specific instructions for completing that part.

Section I (Identification and Claim Information):

Item 1 - Please fill out your full name (Last, First, Middle)

Item 2 - Please fill in your Social Security Number

Item 3 - Please fill in your VA File Number (which may or may not be the same as your Social Security Number)

Section II (Exposure Type):

Item 4 - Please identify your type of exposure based on the claimed condition(s) noted on VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*.

IMPORTANT - You must complete a separate VA Form 21-0964, *Statement in Support of Claim for Disability Compensation and Related Compensation Benefits Due to Exposure*, for **each** type of exposure claimed.

Section III (Exposure Date(s) and Location(s)):

Item 5 - Please fill out the location(s) of your exposure. Please list by City/Town, State, and Country as applicable.

Item 6 - Please identify from the list below your claimed exposure. VA has identified several locations where exposure may be conceded during certain timeframes and/or military duties. If you are claiming exposure to an occupational or environmental hazard other than what is shown in the list below, please state what the exposure was and where it occurred.

Asbestos

1. Mining
2. Milling
3. Work in shipyards
4. Insulation work
5. Demolition of old buildings
6. Carpentry and construction
7. Manufacture and service of friction products, such as clutch facing and brake lining
8. Manufacture and installation of products for roofing and flooring materials or asbestos cement sheet and pipe products
9. Manufacture and installation of products for military equipment
10. Other [Please fill in the blank]

Cold Weather

1. Battle of the Bulge during World War II (WWII)
2. Battle of the Chosin Reservoir in Korean Conflict
3. Other [Please fill in blank]

Gulf Wars and Other Geographical Locations Environmental Hazard

Operation Desert Shield/ Storm:

1. Smoke and particles from multiple Kuwait oil well fires
2. Daily ingestion of anti-nerve gas pills
3. Inhalation of fine-grain sand particles in Iraq and Kuwait
4. Other [fill in blank]

Gulf Wars and Other Geographical Locations Environmental Hazard (Continued)

Operation Enduring Freedom/ Iraqi Freedom:

1. Large burn pits throughout Iraq, Afghanistan, or Djibouti on the Horn of Africa
2. Large sulfur fire at Mishraq State Sulfur Mine near Mosul, Iraq
3. Hexavalent chromium exposure at the Qarmat Ali Water Treatment Plant in Basrah, Iraq
4. Inhalation of fine-grain sand particles in Iraq, Afghanistan, and Djibouti
5. Particulate matter in Iraq, Afghanistan, and Djibouti
6. Other [fill in blank]

Other Geographic Locations:

1. Pollutants from a waste incinerator near the Naval Air Facility (NAF) at Atsugi, Japan
2. Other [fill in blank]

Herbicides (i.e. Agent Orange)

1. Vietnam
2. Korean Demilitarized Zone
3. Thailand
4. Other [fill in blank]

Ionizing Radiation

1. Internment as a prisoner of war (POW) in Japan between August 6, 1945, to July 1, 1946
2. Presence in VA-defined Hiroshima or Nagasaki area during American occupation of Japan following World War II
3. Participation in atmospheric nuclear weapons testing
4. Participated in underground nuclear weapons testing at Amchitka Island, Alaska prior to January 1, 1974
5. Assignment to a gaseous diffusion plant
6. Served in a capacity which, if performed as an employee of the Department of Energy, would qualify the individual for inclusion as a member of the Special Exposure Cohort under section 3621(14) of the Energy Employees Occupational Illness Compensation Program Act of 2000, (42 U.S.C. 7384l(14))
7. Other [fill in blank]

Mustard Gas and/or Lewisite

1. Field or chamber testing
2. Battlefield conditions in World War I (WWI)
3. Present at the German air raid on the harbor of Bari, Italy, in World War II (WWII)
4. Handled, manufactured, or transported vesicant (blistering) agents during military service
5. Other [fill in blank]

Risk Factors Associated with Hepatitis C

1. Organ transplant prior to 1992
2. Transfusion of blood or blood products before 1992
3. Hemodialysis
4. Accidental exposure to blood by healthcare workers (to include combat medic or corpsman)
5. Intravenous drug use or intranasal cocaine use
6. High risk sexual activity
7. Other direct percutaneous (through the skin) exposure to blood such as by tattooing, body piercing, acupuncture with non-sterile needles, and shared toothbrushes or shaving razors
8. Other [fill in blank]

Water Contamination at Camp Lejeune

1. Camp Lejeune (On base)
2. Camp Lejeune (Off base)
3. Other [fill in blank]

Item 7A - Please identify the start date(s) of your exposure

Item 7B - Please identify the end date(s) of your exposure

Section IV (Prior/Post Military Occupational Information):

Item 8A - Please identify your occupation(s) prior to military service

Item 8B - Please identify your occupation(s) post military service

Section V (Prior/Post Military Exposure):

Item 9 - Please identify any exposure(s) prior to or post military service that may have resulted in the onset of your claimed condition due to military service exposure.

Section VI (Individual Exposure Particulars): *Herbicides (i.e. Agent Orange) Exposure*

Item 10 - If you were exposed to herbicides at the Korean Demilitarized Zone, identify your military unit assignment from August 1968 to August 1971. VA has identified a list of military units that were present at the Korean Demilitarized Zone from August 1968 to August 1971, which is included in the below table.

1st Battalion, 38th Infantry	3rd Battalion, 23rd Infantry	2nd Battalion, 9th Infantry	1st Battalion, 15th Artillery
2nd Battalion, 38th Infantry	2nd Battalion, 31st Infantry	1st Battalion, 72nd Armor	7th Battalion, 17th Artillery
1st Battalion, 23rd Infantry	3rd Battalion, 32nd Infantry	2nd Battalion, 72nd Armor	5th Battalion, 38, Artillery
2nd Battalion, 23rd Infantry	1st Battalion, 9th Infantry	1st Battalion, 12th Artillery	6th Battalion, 37th Artillery
2nd Military Police Company, 2nd Infantry Division	4th Squadron, 7th Cavalry, Counter Agent Company	2nd Squadron, 10th Cavalry	United Nations Command Security Battalion-Joint Security Area (UNCSB-JSA)
13th Engineer Combat Battalion	1st Battalion, 17th Infantry	2nd Battalion, 17th Infantry	Other (fill in blank)
1st Battalion, 73rd Armor	1st Battalion, 31st Infantry	2nd Battalion, 31st Infantry	
Crew of the <i>USS Pueblo</i>	1st Battalion, 32nd Infantry	2nd Battalion, 32nd Infantry	

Item 11A- If you were exposed to herbicides in Vietnam, identify where were you exposed

Item 11B- If you were exposed to herbicides in Vietnam via brown water (inland waterways of Vietnam) or blue water (offshore waters of Vietnam), please list the name of your naval vessel

Item 12A- If you were exposed to herbicides in Thailand, identify at which Royal Thai Air Force base you were exposed. VA has identified several locations where exposure to herbicides in Thailand could have occurred. Please review the table below and identify your military location assignment. If other, please state where.

Royal Thai Air Force at U-Tapao	Royal Thai Air Force at Nakhon Phanom	Royal Thai Air Force at Takhli	Royal Thai Air Force at Don Muang
Royal Thai Air Force at Ubon	Royal Thai Air Force at Udorn	Royal Thai Air Force at Korat	Other [fill in blank]

Item 12B - If you were exposed to herbicides in Thailand, identify your military job duty or assignment at the time. VA has identified several military job duties that may have led to herbicide exposure in Thailand. Please review the table list below and identify your military location or assignment at the time. If other, please state what your military job duty or assignment was at the time.

Security Policeman	Member of the security police squadron	Other [fill in blank]
Security patrol dog handler	Job duty/assignment otherwise on the air base perimeter as shown by evidence of daily work duties, performance evaluation reports, or other credible evidence.	

Section VI (Individual Exposure Particulars) Continued: *Ionizing Radiation*

Item 13A- If you were exposed to ionizing radiation due to assignment to a gaseous diffusion plant, please identify the plant. VA has identified a list of gaseous fusion plants where exposure to ionizing radiation occurred. Please review the table list below and identify which gaseous fusion plant you were exposed at during your military service. If other, please state where.

Paducah, Kentucky	Portsmouth, Ohio	Area K25 at Oakridge, Tennessee	Other [fill in blank]
-------------------	------------------	---------------------------------	-----------------------

Item 13B- Please select yes or no, based on whether your assignment at a gaseous diffusion plant was more than 250 days.

Item 14- If you were exposed to ionizing radiation due to atmospheric nuclear weapons testing, please identify which operation you participated in. VA has identified a list of atmospheric nuclear weapons testing. Please review the table list below and identify the atmospheric nuclear weapons test in which you participated during your military service. If other, please identify.

Operation <i>TRINITY</i> (July 16, 1945, through August 6, 1945)	Operation <i>BUSTER-JANGLE</i> (October 22, 1951, through December 20, 1951)	Operation <i>TEAPOT</i> (February 18, 1955, through June 10, 1955)	Operation <i>ARGUS</i> (August 27, 1958, through September 10, 1958)
Operation <i>CROSSROADS</i> (July 1, 1946, through August 31, 1946)	Operation <i>TIMBLER-SNAPPER</i> (April 1, 1952, through June 20, 1952)	Operation <i>WIGWAM</i> (May 14, 1955, through May 15, 1955)	Operation <i>HARDTACK II</i> (September 19, 1958, through October 31, 1958)
Operation <i>SANDSTONE</i> (April 15 1948, through May 20, 1948)	Operation <i>IVY</i> (November 1, 1952, through December 31, 1952)	Operation <i>REDWING</i> (May 5, 1956, through August 6, 1956)	Operation <i>DOMINIC I</i> (April 25, 1962, through December 31, 1962)
Operation <i>RANGER</i> (January 27, 1951, through February 6, 1951)	Operation <i>UPSHOT-KNOTHOLE</i> (March 17, 1953, through June 20, 1953)	Operation <i>PLUMBBOB</i> (May 28, 1957, through October 22, 1957)	Operation <i>DOMINIC II/PLOWSHARE</i> (July 6, 1962, through August 15, 1962)
Operation <i>GREENHOUSE</i> (April 8, 1951, through June 20, 1951)	Operation <i>CASTLE</i> (March 1, 1954, through May 31, 1954)	Operation <i>HARDTACK I</i> (April 28, 1958, through October 31, 1958)	Other [fill in blank]

Item 15 - If you are claiming cancer in relation to ionizing radiation, please select yes or no based on whether a family member has ever been diagnosed with cancer or leukemia. If you select "yes," respond to the follow-up questions.

Item 16 - Please select yes or no based on whether you have ever been exposed to other known carcinogens, including smoking. If you select "yes," to Item 16, answer the below follow-up questions asking you to explain your type of exposure. If you smoke, indicate how many packs per day you smoke and how many years you have smoked.

Item 17 - Please identify the following items, if you are claiming skin cancer in association with ionizing radiation

- A. *What type of skin cancer do you have (i.e. basal cell, squamous cell, or melanoma)?*
- B. *What is the specific site of each lesion?*
- C. *What is the extent of your exposure in the sun?*
- D. *What is the date your skin cancer was first diagnosed or treated?*

Item 18 - Please identify any additional information you wish to include to support your claim. (Example: multiple periods of exposure or explain an "other" selection that has not already been identified by the VA.)



STATEMENT IN SUPPORT FOR DISABILITY AND RELATED COMPENSATION BENEFITS DUE TO EXPOSURE

IMPORTANT: This form is intended to be completed with VA Form 21-526, *Veterans Application for Compensation and/or Pension*, or VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*.

VA DATE STAMP
(Do Not Write In This Space)

NOTE: Service connection may be granted for a disability related to exposure during military service if evidence demonstrates that the veteran was exposed in service and the exposure resulted in a disease usually associated with such exposure. Exposure, in itself, is not a disability.

SECTION I - IDENTIFICATION AND CLAIM INFORMATION

1. NAME OF VETERAN/SERVICE MEMBER (*Last, First, Middle*) 2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (*If applicable*)

SECTION II - EXPOSURE TYPE

4. TYPE OF EXPOSURE (*Complete a separate VA Form 21-0964, Statement in Support for Disability Compensation Related Compensation Benefits Due to Exposure, for each type of exposure claimed.*)

- Asbestos
- Cold Weather
- Gulf Wars and Other Geographical Locations Environmental Hazard
- Herbicides (i.e., Agent Orange) (*Please complete Section VI, Individual Exposure Particulars, Questions 10-12*)
- Ionizing Radiation (*Please complete Section VI, Individual Exposure Particulars, Questions 13-17*)
- Mustard Gas and/or Lewisite
- Risk factors associated with Hepatitis C
- Water Contamination at Camp Lejeune

SECTION III - EXPOSURE DATE(S) AND LOCATION(S)

5. LOCATION(S) OF EXPOSURE (*City/Town, State, Country*)

6. HOW WERE YOU EXPOSED?

Other (fill in blank): _____

7A. START DATE(S) OF EXPOSURE

7B. END DATE(S) OF EXPOSURE

SECTION IV - PRIOR/POST MILITARY OCCUPATIONAL INFORMATION

8A. LIST OCCUPATION(S) PRIOR TO MILITARY SERVICE

Other (fill in blank): _____

8B. LIST OCCUPATION(S) POST MILITARY SERVICE

Other (fill in blank): _____

SECTION V - PRIOR/POST MILITARY EXPOSURE

9. LIST OTHER FORMS OF EXPOSURE THAT YOU WERE EXPOSED TO PRIOR AND POST MILITARY SERVICE THAT COULD BE ATTRIBUTED TO YOUR CLAIM CONDITION.

SECTION VI - INDIVIDUAL EXPOSURE PARTICULARS

Herbicides (i.e., Agent Orange) Exposure

10. IF YOU WERE EXPOSED TO HERBICIDES AT THE KOREAN DEMILITARIZED ZONE, WHAT WAS YOUR MILITARY UNIT ASSIGNMENT FROM APRIL 1968 TO AUGUST 1971?

Other (fill in blank): _____

<p>11A. IF YOU WERE EXPOSED TO HERBICIDES IN VIETNAM, WHERE WERE YOU EXPOSED?</p> <p><input type="checkbox"/> Set foot on land</p> <p><input type="checkbox"/> Brown water (inland waterways of Vietnam)</p> <p><input type="checkbox"/> Blue water (offshore waters of Vietnam)</p> <p><input type="checkbox"/> Other _____</p>	<p>11B. IF YOU WERE EXPOSED TO HERBICIDES IN VIETNAM VIA BROWN WATER (<i>inland waterways of Vietnam</i>) OR BLUE WATER (<i>offshore waters of Vietnam</i>), PLEASE LIST THE NAME OF YOUR NAVAL VESSEL.</p> <p>Other (fill in blank): _____</p>
<p>12A. IF YOU WERE EXPOSED TO HERBICIDES IN THAILAND, AT WHICH ROYAL THAI AIR FORCE BASE WERE YOU EXPOSED?</p> <p>Other (fill in blank): _____</p>	<p>12B. IF YOU WERE EXPOSED TO HERBICIDES IN THAILAND, WHAT WAS YOUR MILITARY JOB DUTY OR ASSIGNMENT AT THE TIME?</p> <p>Other (fill in blank): _____</p>

SECTION VI - INDIVIDUAL EXPOSURE PARTICULARS (Continued)
Ionizing Radiation Exposure

<p>13A. IF YOU WERE EXPOSED TO IONIZING RADIATION DUE TO ASSIGNMENT TO A GASEOUS DIFFUSION PLANT, AT WHICH PLANT WERE YOU EXPOSED?</p> <p>Other (fill in blank): _____</p>	<p>13B. IF YOU WERE EXPOSED TO IONIZING RADIATION DUE TO ASSIGNMENT TO A GASEOUS DIFFUSION PLANT, WAS THE ASSIGNMENT MORE THAN 250 DAYS?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
--	--

14. IF YOU WERE EXPOSED TO IONIZING RADIATION DUE TO ATMOSPHERIC NUCLEAR WEAPONS TESTING, WHICH OPERATION DID YOU PARTICIPATE IN?

Other (fill in blank): _____

<p>15. IF YOU ARE CLAIMING CANCER IN RELATION TO IONIZING RADIATION, HAS A FAMILY MEMBER EVER BEEN DIAGNOSED WITH CANCER OR LEUKEMIA?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "Yes," which family member? _____</p> <p>What is the diagnosed condition? _____</p>	<p>16. HAVE YOU EVER BEEN EXPOSED TO OTHER KNOWN CARCINOGENS, INCLUDING SMOKING?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "Yes," what? _____</p> <p>How many packs per day did you smoke? _____</p> <p>How many years did you smoke? _____</p>
---	---

17. IF YOU ARE CLAIMING SKIN CANCER IN ASSOCIATION WITH IONIZING RADIATION:

<p>17A. WHAT TYPE OF SKIN CANCER IS IT?</p> <p>Other (fill in blank): _____</p>	<p>17B. WHAT IS THE SPECIFIC SITE OF EACH LESION?</p>
<p>17C. WHAT IS THE EXTENT OF YOUR EXPOSURE TO THE SUN?</p> <p>Other (fill in blank): _____</p>	<p>17D. WHAT IS THE DATE YOUR SKIN CANCER WAS FIRST DIAGNOSED OR TREATED?</p>

SECTION VII - ADDITIONAL INFORMATION

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, no allowance of compensation or pension may be granted unless this form is completed fully as required by law. Giving us you and your dependents' Social Security numbers is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other Federal or state agencies. Income and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103(1)(7)(D) of the Internal Revenue Code of 1986.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation and/or pension (38 U.S.C. 5101). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.