

ASBESTOS EXPOSURE REGISTRATION FORM

PLEASE NOTE: Information provided will be added to the Gordon Legal Asbestos Exposure database.

If you believe you may have/have been exposed to asbestos please complete this form. In the event you wish to claim compensation due to an asbestos related disease in the future, the information you provide may assist.

Your Details:

Title _____ Surname _____

Given name(s) _____

Residential Address _____

Postal Address _____
(if different) _____

Date of Birth _____

Contact Phone H _____ M _____
(tick preferred) W _____

Email Address _____

Date/Year of your exposure (dd/mm/yyyy)

Where were you exposed to Asbestos

Residential Work Other (If other please provide details below)

Address exposed/Best description (eg: Alcoa Plant): _____

Date(s) exposed _____

Description/asbestos products/area: _____

Residential (only complete if you ticked Residential)

Details of exposure:

Status when exposed: Tenant or Owner of property Visitor to the residence

Which best describes your exposure/potential exposure?

- | | |
|--|--|
| <input type="checkbox"/> DIY on house as owner | <input type="checkbox"/> Owner - no work done on house |
| <input type="checkbox"/> Visitor to a house/family friends | <input type="checkbox"/> Owner - had work done (alterations/extension) |
| <input type="checkbox"/> Tenant | <input type="checkbox"/> Tradesperson/work |

Work (only complete if you ticked work)

Details of exposure:

Please provide employer details at the time of exposure. If you don't know where/when you were exposed, provide your work history.

Employer Name _____

Employer Address _____

Occupation _____

Commencement Date _____ End Date: _____

Have you been diagnosed with any Asbestos related disease?

- Yes No

If so, what have you been diagnosed with?cacarca

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Asbestosis | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Mesothelioma | <input type="checkbox"/> Pleural Plaques |
| <input type="checkbox"/> Other _____ | |

When were you diagnosed? _____

Who provided you with this diagnosis? _____

Please return the completed form to:

Carol Saunders
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Law Courts, Vic, 8010
Ph: 1800 21 22 23
Fax: 03 9603 3050
Email: csaunders@gordonlegal.com.au