



Asbestos Victims Association (SA) Inc.

ASBESTOS REGISTER

Print off and complete, then post to:
AVA (SA) Inc, PO Box 4066, Elizabeth South 5112

Title: [...]Mr [...]Mrs [...]Miss [...]Ms

Surname:

First Name(s): Date of Birth:/...../.....

Address - Street / PO Box Number: Post Code:

Suburb/Town:

Home Phone Mobile Phone.....

E-mail Address

Next-of-Kin:.....

Contact details:.....

Have you ever been exposed to Asbestos? [...] Yes [...] No

If Yes: Where were you exposed? [...]Work [...]Home [...]Other

If At Work:

Name Of Employer:

Address of Employer:

If more than one employer, attach list

If Home, please give details:

If Other, please give details:

Approximate Length of Exposure:.....

Have You Been Diagnosed with an Asbestos Related Disease? [...] Yes [...] No

If Yes - What is The Diagnosis?

[.....] Mesothelioma

[.....] Asbestosis

[.....] Lung Cancer

[.....] Pleural Plaques

[.....] Other

Name of Doctor:

Name of Specialist:

Have You Lodged a Claim? [...] Yes [...] No

Legal Firm?

Date (office use only):

****This Register Is Confidential and WILL NOT Be Released Without Your Written Authorisation**