Name:

SSN:

Date:

Date of Birth:

Sex: male

Dates of military service:

Dates of service at Camp Lejeune:

The following report was based on record review.

Reviewer:

**Member, Subject Matter Expert Panel**

Camp Lejeune Contaminated Water Project

Time Dedicated to this review: XX Minutes

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Contention, the veteran claims the following condition as secondary to exposure to CLCW:

Contention 1:

Diagnosis 1:

Nexus: The diagnosis above Choose an item.

**Case Specific Discussion**:

Smoking:

Other risk factors:

Days at CL:

Age:

Gender:

Dates of Military Service:

MOS:

Dates at CL:

Occupational Hx:

Family HX:

DX:

Age at Dx:

Disease status-Active, Treated<5, Remission>5

**Disease Specific Discussion:**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Claims file and other available evidence of record was review, applicable evidence is summarized below:

**VBMS file review**:

**VistaWeb/CAPRI/VVA review**:

**Other possible veterans risk factors:**

Employment history prior to military service:

Smoking:

Alcohol use:

Obesity:

Genetic:

Employment history after military service:

Hobbies/ recreational leading to possible chemical exposure: