

**This is a Camp Lejeune Contaminated Water (CLCW) claim requiring a medical opinion by your subject matter expert (SME), This opinion request cannot be assigned to another examiner and must be completed by the CLCW SME.**

Questions or concerns please contact by email or phone:

**POC 1**

**VSR Email**

**VSR Phone**

**POC 2**

**Coach Email**

**Coach Phone**

As of **Today's Date**, we have the following contact information

**VETERAN NAME**

**VETERAN ADDRESS**

**VETERAN PHONE**

Please include in the rationale a discussion of any potential risk factors including family history, occupational history, exposure to other related carcinogens, and any other relevant history.

Note to Examiner: “We cannot accept the statement “an opinion cannot be made without resorting to mere speculation”. Please review the evidence of record and the attachment below and provide a reasoned medical opinion. The information below is intended to provide the VA examiners with an adequate basis for providing a reasoned medical opinion. The opinion is critical in evaluating this claim.”

\*\*\*\*\*If a negative opinion is provided for the condition, please provide a discussion of risk factors as requested in part 2 of rationale below.\*\*\*\*\*

**The veteran was stationed at Camp Lejeune, NC from SPECIFIC DATE RANGE(S)**

The veteran claims the following conditions are due to exposure to contaminated water while stationed at Camp Lejeune. Please provide the medical opinion requests below.

### **1. Diagnosed Condition**

NOTE TO EXAMINER(S):

**Please see Appendix D, Notice to Examiners Evaluating Claims Based on Service at Camp Lejeune for Medical Opinion details.**

**SERVICE TREATMENT RECORDS, VA RECORDS, OTHER EVIDENCE:**

MEDICAL OPINION REQUESTS:

Please furnish an opinion as to whether or not the veteran's **DIAGNOSED CONDITION** is related to the veteran's exposure to contaminated water at Camp Lejeune.

**NOTE TO EXAMINER – In Your Response Please:**

1. Identify the specific evidence you reviewed and considered in forming your opinion
2. Please provide a rationale (explanation/basis) for the opinion presented. Please include in the rationale a discussion of any potential risk factors including family history, occupational history, pre/post service history/experiences, exposure to other related carcinogens, and any other relevant history.
3. State your conclusions using one of the following legally recognized phrases:
  - a) \_\_\_\_\_ is caused by or a result of the Veteran's exposure to contaminated water at Camp Lejeune
  - b) \_\_\_\_\_ is most likely caused by or a result of the Veteran's exposure to contaminated water at Camp Lejeune
  - c) \_\_\_\_\_ is at least as likely as not (50/50 probability) caused by or a result of the Veteran's exposure to contaminated water at Camp Lejeune
  - d) \_\_\_\_\_ is less likely as not (less than 50/50 probability) caused by or a result of the Veteran's exposure to contaminated water at Camp Lejeune
  - e) \_\_\_\_\_ is not caused by or a result of the Veteran's exposure to contaminated water at Camp Lejeune.