Vietnam Era

3. Did the Veteran serve in the Korean Demilitarized Zone (DMZ) between Jan. 1, 1967 and Aug. 31, 1971?

If **YES** go to **#4**. If **NO** – N/A

2. Did the Veteran serve in Vietnam, Thailand or within 12 nautical miles of Vietnam between Jan. 6, 1962 and May 7, 1975?

If **YES** go to **#4**. If **NO** – Go to **3**.

Agent Orange

4. Does the Veteran have any of the conditions listed below?

* [AL Amyloidosis](https://www.publichealth.va.gov/exposures/agentorange/conditions/al_amyloidosis.asp)
* Chronic B-cell Leukemias
* Chloracne (or similar acneform disease)
* Diabetes Mellitus Type 2
* Hodgkin's Disease
* Ischemic Heart Disease
* [Multiple Myeloma](https://www.publichealth.va.gov/exposures/agentorange/conditions/ischemicheartdisease.asp)
* [Non-Hodgkin's](https://www.publichealth.va.gov/exposures/agentorange/conditions/multiple_myeloma.asp) Lymphoma
* Parkinson's Disease
* Peripheral Neuropathy, Early-Onset
* Porphyria Cutanea Tarda
* Prostate Cancer
* Respiratory Cancers (includes lung cancer)
* [Soft Tissue Sarcomas](https://www.publichealth.va.gov/exposures/agentorange/conditions/prostate_cancer.asp) (other than osteosarcoma, [chondrosarcoma,](https://www.publichealth.va.gov/exposures/agentorange/conditions/respiratory_cancers.asp) Kaposi's sarcoma, or mesothelioma)
* \*Spina Bifida (Children of Veterans who meet the service criteria listed above.)
* Bladder Cancer (As of 2021)
* Hypothyroidism (As of 2021)
* Parkinsonism (As of 2021)

If **YES** go to **#6**. If **NO** go to **#5**.

1. Did the Veteran serve in the military between Jan. 6, 1962 and May 7, 1975?

If **YES**, go to **#2**. If **NO** – N/A

5. Does the Veteran have any condition that may be linked to or associated with one of the above listed conditions? If unsure, the Veteran should consult with his/her physician to help determine.

If ultimately the conditions can be **linked** to one listed above, go to **#6**. If **NO** – N/A.

6. The above listed conditions are now presumptive conditions of agent orange for anyone serving in the locations and during the times listed above. This means that this Veteran may be eligible for cost free health care (only for the present above listed condition) and monetary compensation from the VA. Please discuss this with the Veteran and provide him/her with the contact information listed below. This contact will assist the Veteran with filing a claim for compensation as well as coordinating the service-connected status which will impact the Veteran’s health care eligibility.

**Contact:** Will Berry, Outreach Coordinator

[EnrollVANEO@va.gov](mailto:stephen.wilson6@va.gov) **I** 216-707-7914