**DA057 - Request for Information on Aggravation of Occupational Disease**

**Purpose of the SED:**

The institution in a Member State to which a claim was submitted contacts the respective institution in any other previous Member State in order to obtain the information it considers necessary in order to assess the right to the supplement;

For general remarks applicable to all the AWOD SEDs click [here](AWOD_SEDs_General_Remarks.docx).

**Data required:**

Section 5 Request of information or document regarding an aggravation of an occupational diseaseallows to chose in point 5.1 the type of information which is requested because the person made an application regarding the aggravation of occupational disease. If a specific document is requested it can be chosen from the list provided. If “other” was chosen details must be provided.

In order to see the content and explanatory notes of SED DA057 please click [here](Forms/DA057_en.htm).