Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Acute Enteritis

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 August 2025;
- An outpatient health record (reflux) by the medical officer, Garrison health centre, dated 2 March 1998;
- An outpatient health record (contact dermatitis) by the medical officer, Garrison health centre, dated 22 June 1998;
- An outpatient health record (finger cellulitis) by the medical officer, Garrison health centre, dated 30 June 1998;
- A field kitchen incident log and water testing record by the catering supervisor, dated 16 July 1998;
- An exercise medical record by the medic, dated 18 July 1998;
- A hospital admission and microbiology reports by the general physician, dated 20 July 1998;
- An outbreak investigation report by the environmental health officer, dated 22 July 1998;
- A rheumatology consultation by the rheumatologist, dated 26 August 1998;
- A gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 14 May 1999.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

13 February 1995 and 22 August 2006

Acute Enteritis

You have stated that your condition was caused by:

- *handling raw poultry, raw meat or raw eggs as a food handler within the 7 days before the clinical onset of acute enteritis*
- *consuming undercooked poultry, raw or undercooked eggs, or food contaminated by them within the 72 hours before the clinical onset of acute enteritis*
- *consuming food that has been held at a temperature between 5 and 60 degrees Celsius for at least 4 hours within the 72 hours before the clinical onset of acute enteritis*
- *drinking water from an untreated or contaminated supply within the 72 hours before the clinical onset of acute enteritis*
- *taking a proton pump inhibitor or a histamine H2-receptor antagonist for at least the 4 weeks before the clinical onset of acute enteritis*
- *taking a systemic corticosteroid or other immunosuppressive drug within the 4 weeks before the clinical onset of acute enteritis*
- *taking a broad-spectrum antibiotic within the 4 weeks before the clinical onset of acute enteritis*
- *being without access to adequate hand-washing facilities for at least the 3 days before the clinical onset of acute enteritis*
- *continuing food handling or physically demanding duties without adequate rest or rehydration within the 48 hours after the clinical onset of acute enteritis*

Diagnosis: Acute Enteritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 August 2025, and is supported by a hospital admission and microbiology reports by the general physician, dated 20 July 1998.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *handling raw poultry, raw meat or raw eggs as a food handler within the 7 days before the clinical onset of acute enteritis*
- *consuming undercooked poultry, raw or undercooked eggs, or food contaminated by them within the 72 hours before the clinical onset of acute enteritis*

- *consuming food that has been held at a temperature between 5 and 60 degrees Celsius for at least 4 hours within the 72 hours before the clinical onset of acute enteritis*
- *drinking water from an untreated or contaminated supply within the 72 hours before the clinical onset of acute enteritis*
- *taking a proton pump inhibitor or a histamine H2-receptor antagonist for at least the 4 weeks before the clinical onset of acute enteritis*
- *taking a systemic corticosteroid or other immunosuppressive drug within the 4 weeks before the clinical onset of acute enteritis*
- *taking a broad-spectrum antibiotic within the 4 weeks before the clinical onset of acute enteritis*
- *being without access to adequate hand-washing facilities for at least the 3 days before the clinical onset of acute enteritis*
- *continuing food handling or physically demanding duties without adequate rest or rehydration within the 48 hours after the clinical onset of acute enteritis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with cramping abdominal pain, frequent watery diarrhoea, nausea, vomiting, fever, headache and muscle aches on 18 July 1998.

The diagnosis was made clinically on 18 July 1998 by the exercise medic on the acute onset of cramps, watery diarrhoea, vomiting and fever during a food-borne outbreak, and confirmed on 20 July 1998 by stool culture growing Salmonella Typhimurium of the outbreak phage type.

This has then led to further investigations and the diagnosis of your condition of *Acute Enteritis*. I have accepted your condition of *Acute Enteritis*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 18 July 1998.

Acute Enteritis (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 August 2025;
- An outpatient health record (reflux) by the medical officer, Garrison health centre, dated 2 March 1998;
- An outpatient health record (contact dermatitis) by the medical officer, Garrison health centre, dated 22 June 1998;
- An outpatient health record (finger cellulitis) by the medical officer, Garrison health centre, dated 30 June 1998;
- A field kitchen incident log and water testing record by the catering supervisor, dated 16 July 1998;
- An exercise medical record by the medic, dated 18 July 1998;
- A hospital admission and microbiology reports by the general physician, dated 20 July 1998;
- An outbreak investigation report by the environmental health officer, dated 22 July 1998;
- A rheumatology consultation by the rheumatologist, dated 26 August 1998;
- A gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 14 May 1999.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

13 February 1995 and 22 August 2006

Acute Enteritis (Worsening)

You have stated that the worsening of your condition was caused by:

- *being exposed to heat, with resulting dehydration, at the time of the clinical worsening of acute enteritis*

- *taking an antimotility drug while having fever or bloody diarrhoea from an invasive bacterial enteritis, at the time of the clinical worsening of acute enteritis*
- *inability to obtain appropriate clinical management for acute enteritis*

Diagnosis: Acute Enteritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 August 2025, and is supported by a hospital admission and microbiology reports by the general physician, dated 20 July 1998.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being exposed to heat, with resulting dehydration, at the time of the clinical worsening of acute enteritis*
- *taking an antimotility drug while having fever or bloody diarrhoea from an invasive bacterial enteritis, at the time of the clinical worsening of acute enteritis*
- *inability to obtain appropriate clinical management for acute enteritis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with cramping abdominal pain, frequent watery diarrhoea, nausea, vomiting, fever, headache and muscle aches on 18 July 1998.

The diagnosis was made clinically on 18 July 1998 by the exercise medic on the acute onset of cramps, watery diarrhoea, vomiting and fever during a food-borne outbreak, and confirmed on 20 July 1998 by stool culture growing Salmonella Typhimurium of the outbreak phage type.

After the condition arose, it was worsened during your service. The field kitchen tent reached about 42 degrees beside the burners during the day of 19 July 1998. The exercise medic issued loperamide 4 mg followed by 2 mg after each loose stool on 18 July 1998 so you could keep working, and you were still taking it on 20 July 1998 when you had a fever of 39.6 degrees and blood in the stool. The exercise area was about 150 kilometres from hospital, the medic had no intravenous fluids at the field kitchen location, and your request to see the medical officer on 19 July 1998 was deferred until a vehicle was available.

This has then led to further investigations and the diagnosis of your condition of *Acute Enteritis (Worsening)*. I have accepted your condition of *Acute Enteritis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 July 1998.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.