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 Infectious Mononucleosis

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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A pre-deployment medical examination and pathology by the medical officer, Garrison health centre, dated 2 December 2018;
- A section health log by the medic, Iraq, dated 4 June 2019;
- An incident report and treatment record by the training team, Iraq, dated 6 June 2019;
- An outpatient health record and EBV serology of the source case by the medical officer, Iraq, dated 10 June 2019;
- An outpatient health record (blood film and heterophile antibody test) by the medical officer, Role 2 facility, Iraq, dated 1 July 2019;
- An admission record and ultrasound abdomen by Role 3 hospital, dated 3 July 2019;
- A CT abdomen by the radiologist, dated 6 July 2019;
- An infectious diseases consultation and EBV serology by the infectious diseases physician, dated 8 July 2019;
- An ultrasound abdomen and liver function tests by the radiologist and general practitioner, dated 20 September 2019;
- A specialist review by the infectious diseases physician, dated 14 June 2021.

Your service

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

23 January 2017 and 30 June 2022

Acute Infectious Mononucleosis

You have stated that your condition was caused by:

- *being exposed to the Epstein-Barr virus between 12 and 50 days before the clinical onset of acute infectious mononucleosis*

Diagnosis: Acute Infectious Mononucleosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an infectious diseases consultation and EBV serology by the infectious diseases physician, dated 8 July 2019.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Acute Infectious Mononucleosis (Reasonable Hypothesis) (No. 17 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *being exposed to the Epstein-Barr virus between 12 and 50 days before the clinical onset of acute infectious mononucleosis*

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 high fever, severe sore throat with painful swallowing, profound fatigue, aching muscles and tender swollen glands in the neck on 1 July 2019.

The diagnosis was confirmed on 8 July 2019 by Epstein-Barr virus serology showing a positive viral capsid antigen IgM, a weakly positive viral capsid antigen IgG and a negative EBV nuclear antigen IgG, which is the pattern of recently acquired infection. This is laboratory evidence of recently acquired Epstein-Barr virus infection accompanying an illness caused by it, which meets the Statement of Principles definition.

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

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

I have therefore accepted that this condition is related to your service with effect from 28 June 2019.

Acute Infectious Mononucleosis (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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A pre-deployment medical examination and pathology by the medical officer, Garrison health centre, dated 2 December 2018;
- A section health log by the medic, Iraq, dated 4 June 2019;
- An incident report and treatment record by the training team, Iraq, dated 6 June 2019;
- An outpatient health record and EBV serology of the source case by the medical officer, Iraq, dated 10 June 2019;
- An outpatient health record (blood film and heterophile antibody test) by the medical officer, Role 2 facility, Iraq, dated 1 July 2019;
- An admission record and ultrasound abdomen by Role 3 hospital, dated 3 July 2019;
- A CT abdomen by the radiologist, dated 6 July 2019;
- An infectious diseases consultation and EBV serology by the infectious diseases physician, dated 8 July 2019;
- An ultrasound abdomen and liver function tests by the radiologist and general practitioner, dated 20 September 2019;
- A specialist review by the infectious diseases physician, dated 14 June 2021.

Your service

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

23 January 2017 and 30 June 2022

Acute Infectious Mononucleosis (Worsening)

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

- *inability to obtain appropriate clinical management for acute infectious mononucleosis*

Diagnosis: Acute Infectious Mononucleosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an infectious diseases consultation and EBV serology by the infectious diseases physician, dated 8 July 2019.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Acute Infectious Mononucleosis (Reasonable Hypothesis) (No. 17 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for acute infectious mononucleosis*

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 high fever, severe sore throat with painful swallowing, profound fatigue, aching muscles and tender swollen glands in the neck on 1 July 2019.

The diagnosis was confirmed on 8 July 2019 by Epstein-Barr virus serology showing a positive viral capsid antigen IgM, a weakly positive viral capsid antigen IgG and a negative EBV nuclear antigen IgG, which is the pattern of recently acquired infection. This is laboratory evidence of recently acquired Epstein-Barr virus infection accompanying an illness caused by it, which meets the Statement of Principles definition.

After the condition arose, it was worsened during your service. On warlike service in Iraq, specific serology, liver monitoring and imaging were unavailable at the role 2 facility, you continued strenuous duties with splenomegaly, and you required evacuation to Australia after developing stridor, hepatitis and a splenic subcapsular haematoma.

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

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 28 June 2019.

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service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.