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.

Asthma - Clinical 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 3 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 December 1999;
- A deployed health record by the medical officer, Iraq, dated 12 July 2005;
- A role 2 treatment record and chest X-ray report by the iraq, dated 22 August 2005;
- A spirometry report by the respiratory laboratory, dated 10 November 2005;
- A methacholine challenge report by the respiratory laboratory, dated 24 November 2005;
- A specialist consultation by the respiratory physician, dated 1 December 2005;
- A psychiatric assessment by the consultant psychiatrist, dated 4 March 2008;
- A gastroscopy report by the gastroenterologist, dated 15 June 2009;
- A deployed health record by the medic, Afghanistan, dated 28 July 2010;
- A role 3 hospital discharge summary by the afghanistan, dated 20 August 2010;
- A specialist review and spirometry by the respiratory physician, dated 16 November 2010.

Your service

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

3 February 1998 and 14 March 2014

Asthma - Clinical Worsening

You have stated that your condition was caused by:

- *being exposed to an immunologic or non-immunologic stimulus within the 24 hours before the clinical onset of asthma*
- *for reactive airways dysfunction syndrome only, inhaling very high concentrations of a substance with irritant properties, where such inhalation has resulted in acute toxic lower respiratory tract effects, within the 24 hours before the clinical onset of reactive airways dysfunction syndrome*
- *being overweight or obese for at least the five years before the clinical onset of asthma*
- *taking a drug from the specified list of drugs within the 24 hours before the clinical onset of asthma*
- *having smoked tobacco products: (a) in an amount of at least one pack-year before the clinical onset of asthma; and (b) if smoking has ceased before the clinical onset of asthma, then that onset occurred within five years of cessation*
- *having been exposed to second-hand smoke: (a) for at least 1,000 hours within a period of one year before the clinical onset of asthma; and (b) within the five years before the clinical onset of asthma*

Diagnosis: Clinical Worsening

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by a specialist consultation by the respiratory physician, dated 1 December 2005.

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

Statement of Principles concerning Asthma (Reasonable Hypothesis) (No. 31 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 an immunologic or non-immunologic stimulus within the 24 hours before the clinical onset of asthma*
- *for reactive airways dysfunction syndrome only, inhaling very high concentrations of a substance with irritant properties, where such inhalation has resulted in acute toxic lower respiratory tract effects, within the 24 hours before the clinical onset of reactive airways dysfunction syndrome*
- *being overweight or obese for at least the five years before the clinical onset of asthma*
- *taking a drug from the specified list of drugs within the 24 hours before the clinical onset of asthma*

- *having smoked tobacco products: (a) in an amount of at least one pack-year before the clinical onset of asthma; and (b) if smoking has ceased before the clinical onset of asthma, then that onset occurred within five years of cessation*
- *having been exposed to second-hand smoke: (a) for at least 1,000 hours within a period of one year before the clinical onset of asthma; and (b) within the five years before the clinical onset of asthma*

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 chest tightness, wheeze, a persistent dry cough and breathlessness on exertion, beginning within an hour of the chlorine exposure and persisting for more than three months, worse with cold air, exercise, smoke and dust, and waking you at night.Since the worsening in 2010 you have daily symptoms despite high-dose combination treatment, night waking two to three times a week, reduced exercise tolerance, and exacerbations needing oral steroids several times a year on 22 August 2005.

The diagnosis was confirmed by a respiratory physician on 1 December 2005. Spirometry on 10 November 2005 showed airflow limitation with FEV1 68 per cent predicted and a significant bronchodilator response of 18 per cent, and methacholine challenge on 24 November 2005 confirmed bronchial hyperresponsiveness. There was no prior asthma, symptoms began within 24 hours of a single high-concentration chlorine exposure and persisted beyond three months, and other pulmonary disorders were excluded. This meets the Statement of Principles definition of asthma and the dictionary definition of reactive airways dysfunction syndrome.

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

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 22 August 2005.

Asthma - Clinical Worsening (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 3 September 2025;
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- A spirometry report by the respiratory laboratory, dated 10 November 2005;
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- A deployed health record by the medic, Afghanistan, dated 28 July 2010;
- A role 3 hospital discharge summary by the afghanistan, dated 20 August 2010;
- A specialist review and spirometry by the respiratory physician, dated 16 November 2010.

Your service

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

3 February 1998 and 14 March 2014

Asthma - Clinical Worsening (Worsening)

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

- *being exposed to an immunologic or non-immunologic stimulus within the 24 hours before the clinical worsening of asthma*
- *being overweight or obese for at least the five years before the clinical worsening of asthma*
- *taking a drug from the specified list of drugs within the 24 hours before the clinical worsening of asthma*

- *having smoked tobacco products: (a) in an amount of at least one pack-year before the clinical worsening of asthma; and (b) if smoking has ceased before the clinical worsening of asthma, then that worsening occurred within six months of cessation*
- *having been exposed to second-hand smoke for at least 1,000 hours within the one year before the clinical worsening of asthma*
- *having a clinically significant depressive disorder for at least the six months before the clinical worsening of asthma*
- *having gastro-oesophageal reflux disease at the time of the clinical worsening of asthma*
- *inability to obtain appropriate clinical management for asthma*

Diagnosis: Clinical Worsening (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by a specialist consultation by the respiratory physician, dated 1 December 2005.

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

Statement of Principles concerning Asthma (Reasonable Hypothesis) (No. 31 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 an immunologic or non-immunologic stimulus within the 24 hours before the clinical worsening of asthma*
- *being overweight or obese for at least the five years before the clinical worsening of asthma*
- *taking a drug from the specified list of drugs within the 24 hours before the clinical worsening of asthma*
- *having smoked tobacco products: (a) in an amount of at least one pack-year before the clinical worsening of asthma; and (b) if smoking has ceased before the clinical worsening of asthma, then that worsening occurred within six months of cessation*
- *having been exposed to second-hand smoke for at least 1,000 hours within the one year before the clinical worsening of asthma*
- *having a clinically significant depressive disorder for at least the six months before the clinical worsening of asthma*
- *having gastro-oesophageal reflux disease at the time of the clinical worsening of asthma*
- *inability to obtain appropriate clinical management for asthma*

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 chest tightness, wheeze, a persistent dry cough and breathlessness on exertion, beginning within an hour of the chlorine exposure and persisting for

more than three months, worse with cold air, exercise, smoke and dust, and waking you at night.Since the worsening in 2010 you have daily symptoms despite high-dose combination treatment, night waking two to three times a week, reduced exercise tolerance, and exacerbations needing oral steroids several times a year on 22 August 2005.

The diagnosis was confirmed by a respiratory physician on 1 December 2005. Spirometry on 10 November 2005 showed airflow limitation with FEV1 68 per cent predicted and a significant bronchodilator response of 18 per cent, and methacholine challenge on 24 November 2005 confirmed bronchial hyperresponsiveness. There was no prior asthma, symptoms began within 24 hours of a single high-concentration chlorine exposure and persisted beyond three months, and other pulmonary disorders were excluded. This meets the Statement of Principles definition of asthma and the dictionary definition of reactive airways dysfunction syndrome.

After the condition arose, it was worsened during your service. Dust and burn pit smoke blew through the lines at a forward operating base on warlike service in Afghanistan on the night of 19 to 20 August 2010, within the 24 hours before the worsening. Your BMI was over 25 throughout the five years before the worsening and was 31.2 on warlike service in Afghanistan in July 2010. On warlike service in Afghanistan you took diclofenac 50 mg on the evening of 19 August 2010 for knee pain, within the 24 hours before the worsening. You had smoked about 14 pack-years by the worsening, including throughout your warlike service in Afghanistan, and had not ceased. On warlike service in Afghanistan from 5 February 2010 to 20 August 2010 you shared an enclosed tent with five smokers, about 1,200 hours of exposure within the one year before the worsening. The major depressive disorder diagnosed on 4 March 2008 arose from the chlorine incident on warlike service in Iraq and was under continuous treatment throughout the six months before the worsening, from 20 February 2010 to 20 August 2010. Gastro-oesophageal reflux disease, confirmed in June 2009, was present and symptomatic at the worsening on warlike service in Afghanistan on 20 August 2010, aggravated by field rations and anti-inflammatory medication. On warlike service in Afghanistan you were without preventer medication from 28 July 2010 because resupply to your forward operating base failed for more than three weeks, and the asthma worsened to a severe attack requiring evacuation on 20 August 2010.

This has then led to further investigations and the diagnosis of your condition of *Clinical Worsening (Worsening)*. I have accepted your condition of *Clinical Worsening (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 20 August 2010.

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.