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.

Atopic Eczema

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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A skin prick test and outpatient health record by the medical officer, Garrison health centre, dated 14 February 2005;
- A psychiatric assessment by the consultant psychiatrist, dated 3 June 2008;
- A pre-deployment medical examination by the medical officer, dated 2 May 2009;
- A deployed health record by the medical officer, Role 1 facility, Afghanistan, dated 5 August 2009;
- A deployed health record and wound swab by the medical officer, Role 1 facility, Afghanistan, dated 25 August 2009;
- A dermatology consultation (skin biopsy and pathology) by the dermatologist, dated 18 March 2010;
- A patch test report by the dermatologist, dated 30 April 2010;
- A deployed health record and skin swab by the medical officer, Afghanistan, dated 14 July 2012;
- A dermatology consultation by the dermatologist, dated 10 April 2013;
- A dermatology review by the dermatologist, dated 14 November 2016.

Your service

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

7 March 2004 and 26 June 2017

Atopic Eczema

You have stated that your condition was caused by:

- *being exposed to high ambient temperatures with prolonged sweating on most days for at least the 1 month before the clinical onset of atopic eczema*
- *wearing occlusive protective clothing or equipment in contact with the skin for at least 8 hours a day on most days for at least the 1 month before the clinical onset of atopic eczema*
- *living and working in an environment with a relative humidity below 30 per cent for at least the 1 month before the clinical onset of atopic eczema*
- *having skin contact with irritant chemicals, such as fuels, solvents, degreasers or detergents, on most days for at least the 1 month before the clinical onset of atopic eczema*
- *bathing in hard or heavily chlorinated water on most days for at least the 1 month before the clinical onset of atopic eczema*
- *being exposed to air pollution with fine particulate matter, such as burn-pit smoke or diesel exhaust, for at least 500 hours within the 1 year before the clinical onset of atopic eczema*
- *having a skin infection with Staphylococcus aureus within the 3 months before the clinical onset of atopic eczema*
- *having a clinically significant psychiatric disorder, including posttraumatic stress disorder, for at least the 6 months before the clinical onset of atopic eczema, or experiencing a severe traumatic event within the 1 month before the clinical onset of atopic eczema*
- *smoking an average of at least 10 cigarettes per day for at least the 1 year before the clinical onset of atopic eczema*
- *having allergic rhinitis or asthma at the time of the clinical onset of atopic eczema*

Diagnosis: Atopic Eczema

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by a dermatology consultation (skin biopsy and pathology) by the dermatologist, dated 18 March 2010.

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:

Reasonable Hypothesis - 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 high ambient temperatures with prolonged sweating on most days for at least the 1 month before the clinical onset of atopic eczema*

- *wearing occlusive protective clothing or equipment in contact with the skin for at least 8 hours a day on most days for at least the 1 month before the clinical onset of atopic eczema*
- *living and working in an environment with a relative humidity below 30 per cent for at least the 1 month before the clinical onset of atopic eczema*
- *having skin contact with irritant chemicals, such as fuels, solvents, degreasers or detergents, on most days for at least the 1 month before the clinical onset of atopic eczema*
- *bathing in hard or heavily chlorinated water on most days for at least the 1 month before the clinical onset of atopic eczema*
- *being exposed to air pollution with fine particulate matter, such as burn-pit smoke or diesel exhaust, for at least 500 hours within the 1 year before the clinical onset of atopic eczema*
- *having a skin infection with Staphylococcus aureus within the 3 months before the clinical onset of atopic eczema*
- *having a clinically significant psychiatric disorder, including posttraumatic stress disorder, for at least the 6 months before the clinical onset of atopic eczema, or experiencing a severe traumatic event within the 1 month before the clinical onset of atopic eczema*
- *smoking an average of at least 10 cigarettes per day for at least the 1 year before the clinical onset of atopic eczema*
- *having allergic rhinitis or asthma at the time of the clinical onset of atopic eczema*

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 intense itch, worse with heat, sweating and at night, with red, weeping, crusted patches in the elbow and knee flexures, on the neck where your body armour collar rubbed, and on the backs of the hands on 25 August 2009.

The diagnosis was made by a dermatologist on 18 March 2010. You met the Hanifin and Rajka criteria: an itchy skin condition with typical flexural lichenified and eczematous lesions, a chronic relapsing course, a personal history of atopy with allergic rhinitis, and minor features including xerosis, hand dermatitis, raised IgE of 1,240 kU/L, susceptibility to cutaneous Staphylococcus aureus infection and itch with sweating. You also met the UK Working Party criteria. Skin biopsy showed spongiotic dermatitis, and patch testing on 30 April 2010 excluded allergic contact dermatitis as the primary diagnosis. Disease severity was moderate, with an EASI of 18.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 2009.

Atopic Eczema (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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A skin prick test and outpatient health record by the medical officer, Garrison health centre, dated 14 February 2005;
- A psychiatric assessment by the consultant psychiatrist, dated 3 June 2008;
- A pre-deployment medical examination by the medical officer, dated 2 May 2009;
- A deployed health record by the medical officer, Role 1 facility, Afghanistan, dated 5 August 2009;
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- A patch test report by the dermatologist, dated 30 April 2010;
- A deployed health record and skin swab by the medical officer, Afghanistan, dated 14 July 2012;
- A dermatology consultation by the dermatologist, dated 10 April 2013;
- A dermatology review by the dermatologist, dated 14 November 2016.

Your service

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

7 March 2004 and 26 June 2017

Atopic Eczema (Worsening)

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

- *being exposed to high ambient temperatures with prolonged sweating under occlusive clothing on most days for at least the 1 month before the clinical worsening of atopic eczema*

- *having a clinically significant psychiatric disorder, including posttraumatic stress disorder, for at least the 6 months before the clinical worsening of atopic eczema*
- *having a skin infection with Staphylococcus aureus at the time of the clinical worsening of atopic eczema*
- *having skin contact with irritant chemicals, such as fuels, solvents, degreasers or detergents, on most days for at least the 1 month before the clinical worsening of atopic eczema*
- *inability to obtain appropriate clinical management for atopic eczema*

Diagnosis: Atopic Eczema (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by a dermatology consultation (skin biopsy and pathology) by the dermatologist, dated 18 March 2010.

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:

Reasonable Hypothesis - 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 high ambient temperatures with prolonged sweating under occlusive clothing on most days for at least the 1 month before the clinical worsening of atopic eczema*
- *having a clinically significant psychiatric disorder, including posttraumatic stress disorder, for at least the 6 months before the clinical worsening of atopic eczema*
- *having a skin infection with Staphylococcus aureus at the time of the clinical worsening of atopic eczema*
- *having skin contact with irritant chemicals, such as fuels, solvents, degreasers or detergents, on most days for at least the 1 month before the clinical worsening of atopic eczema*
- *inability to obtain appropriate clinical management for atopic eczema*

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 intense itch, worse with heat, sweating and at night, with red, weeping, crusted patches in the elbow and knee flexures, on the neck where your body armour collar rubbed, and on the backs of the hands on 25 August 2009.

The diagnosis was made by a dermatologist on 18 March 2010. You met the Hanifin and Rajka criteria: an itchy skin condition with typical flexural lichenified and eczematous lesions, a

chronic relapsing course, a personal history of atopy with allergic rhinitis, and minor features including xerosis, hand dermatitis, raised IgE of 1,240 kU/L, susceptibility to cutaneous Staphylococcus aureus infection and itch with sweating. You also met the UK Working Party criteria. Skin biopsy showed spongiotic dermatitis, and patch testing on 30 April 2010 excluded allergic contact dermatitis as the primary diagnosis. Disease severity was moderate, with an EASI of 18.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan from 5 March 2012 you again crewed armoured vehicles in summer heat, wearing body armour and coveralls for 10 to 14 hours a day, throughout the 1 month before the worsening, from 14 June 2012 to 14 July 2012. Your posttraumatic stress disorder relapsed on your 2012 deployment, with nightmares and hypervigilance after repeated contacts, recorded by the deployed psychologist in May 2012, and it was active throughout the 6 months before the worsening, from 14 January 2012 to 14 July 2012. Swabs taken on 14 July 2012 from weeping, crusted eczema grew methicillin-sensitive Staphylococcus aureus, and you required oral flucloxacillin. On your 2012 deployment you resumed daily vehicle maintenance with diesel, lubricants and solvent degreasers, throughout the 1 month before the worsening, and the hand dermatitis became fissured. When the eczema flared on warlike service in July 2012 no dermatologist or phototherapy was available in theatre.

This has then led to further investigations and the diagnosis of your condition of *Atopic Eczema (Worsening)*. I have accepted your condition of *Atopic Eczema (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 wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 July 2012.

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.