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.

Bilateral Conjunctivitis

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 25 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 July 2025;
- A unit medical record by the regimental medical officer, Vietnam, dated 20 September 1968;
- A dermatology consultation and skin biopsy report by the dermatologist and pathologist, dated 14 May 2009;
- A stem cell transplant discharge summary by the haematologist, dated 10 March 2015;
- A haematology and ophthalmology consultations by the haematologist and ophthalmologist, dated 18 January 2016;
- An eyelid biopsy report and dermatology consultation by the pathologist and dermatologist, dated 15 February 2017;
- An ophthalmology review by the ophthalmologist, dated 28 March 2017;
- A radiation oncology review and conjunctival swab report by the radiation oncologist, dated 13 April 2017;
- An ophthalmology consultation by the ophthalmologist, dated 18 April 2017;
- A patch test report by the dermatologist, dated 22 May 2017;
- An ophthalmology admission record by the ophthalmologist, dated 9 September 2020.

Your service

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

15 February 1966 and 28 February 1988

Bilateral Conjunctivitis

You have stated that your condition was caused by:

- *having blepharitis of the affected eye at the time of the clinical onset of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical onset of conjunctivitis*
- *having a condition of the affected eye from the specified list of conditions at the time of the clinical onset of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical onset of conjunctivitis*
- *having an autoimmune disease at the time of the clinical onset of conjunctivitis*
- *having graft versus host disease at the time of the clinical onset of conjunctivitis*
- *having diabetes mellitus at the time of the clinical onset of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical onset of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical onset of conjunctivitis*
- *taking a drug which is associated in the individual with the development of conjunctivitis during drug therapy and either: (a) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; or (b) the redevelopment of conjunctivitis on rechallenge with the same drug; where treatment with the drug continued for at least the seven days before the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical onset of conjunctivitis*
- *having mustard gas exposure to the affected eye within the 24 hours before the clinical onset of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical onset of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical onset of conjunctivitis*
- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical onset of conjunctivitis*
- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical onset of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of conjunctivitis*

Diagnosis: Bilateral Conjunctivitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 July 2025, and is supported by an ophthalmology consultation by the ophthalmologist, dated 18 April 2017.

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

Statement of Principles concerning Conjunctivitis (Reasonable Hypothesis) (No. 76 of 2020)

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

I am satisfied that you have met the following factor:

- *having blepharitis of the affected eye at the time of the clinical onset of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical onset of conjunctivitis*
- *having a condition of the affected eye from the specified list of conditions at the time of the clinical onset of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical onset of conjunctivitis*
- *having an autoimmune disease at the time of the clinical onset of conjunctivitis*
- *having graft versus host disease at the time of the clinical onset of conjunctivitis*
- *having diabetes mellitus at the time of the clinical onset of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical onset of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical onset of conjunctivitis*
- *taking a drug which is associated in the individual with the development of conjunctivitis during drug therapy and either: (a) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; or (b) the redevelopment of conjunctivitis on rechallenge with the same drug; where treatment with the drug continued for at least the seven days before the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical onset of conjunctivitis*
- *having mustard gas exposure to the affected eye within the 24 hours before the clinical onset of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical onset of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical onset of conjunctivitis*

- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical onset of conjunctivitis*
- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical onset of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of conjunctivitis*

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 red, burning, gritty and sticky eyes with discharge, crusting of the lid margins, light sensitivity and blurred vision in both eyes.Since the worsening in 2020 you have constant redness, grittiness and pain, scarring between the lids and the eyeball, reduced vision and severe light sensitivity on 13 April 2017.

The diagnosis was made by an ophthalmologist on 18 April 2017 on slit lamp examination showing bilateral conjunctival injection and discharge, lid margin inflammation and punctate corneal staining, with Staphylococcus aureus cultured from both conjunctivae on 13 April 2017. This meets the Statement of Principles definition of conjunctivitis, which includes blepharoconjunctivitis and keratoconjunctivitis.

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

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 12 April 2017.

Bilateral Conjunctivitis (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 25 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 July 2025;
- A unit medical record by the regimental medical officer, Vietnam, dated 20 September 1968;
- A dermatology consultation and skin biopsy report by the dermatologist and pathologist, dated 14 May 2009;
- A stem cell transplant discharge summary by the haematologist, dated 10 March 2015;
- A haematology and ophthalmology consultations by the haematologist and ophthalmologist, dated 18 January 2016;
- An eyelid biopsy report and dermatology consultation by the pathologist and dermatologist, dated 15 February 2017;
- An ophthalmology review by the ophthalmologist, dated 28 March 2017;
- A radiation oncology review and conjunctival swab report by the radiation oncologist, dated 13 April 2017;
- An ophthalmology consultation by the ophthalmologist, dated 18 April 2017;
- A patch test report by the dermatologist, dated 22 May 2017;
- An ophthalmology admission record by the ophthalmologist, dated 9 September 2020.

Your service

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

15 February 1966 and 28 February 1988

Bilateral Conjunctivitis (Worsening)

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

- *having blepharitis of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical worsening of conjunctivitis*

- *having a condition of the affected eye from the specified list of conditions at the time of the clinical worsening of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical worsening of conjunctivitis*
- *having an autoimmune disease at the time of the clinical worsening of conjunctivitis*
- *having graft versus host disease at the time of the clinical worsening of conjunctivitis*
- *having diabetes mellitus at the time of the clinical worsening of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical worsening of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical worsening of conjunctivitis*
- *taking a drug which is associated in the individual with: (a) the worsening of conjunctivitis during drug therapy; and (b) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; where treatment with the drug continued for at least the seven days before the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical worsening of conjunctivitis*
- *having mustard gas exposure to the affected eye within the 24 hours before the clinical worsening of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical worsening of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical worsening of conjunctivitis*
- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical worsening of conjunctivitis*
- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical worsening of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of conjunctivitis*
- *inability to obtain appropriate clinical management for conjunctivitis*

Diagnosis: Bilateral Conjunctivitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 July 2025, and is supported by an ophthalmology consultation by the ophthalmologist, dated 18 April 2017.

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

Statement of Principles concerning Conjunctivitis (Reasonable Hypothesis) (No. 76 of 2020)

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

I am satisfied that you have met the following factor:

- *having blepharitis of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having a condition of the affected eye from the specified list of conditions at the time of the clinical worsening of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical worsening of conjunctivitis*
- *having an autoimmune disease at the time of the clinical worsening of conjunctivitis*
- *having graft versus host disease at the time of the clinical worsening of conjunctivitis*
- *having diabetes mellitus at the time of the clinical worsening of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical worsening of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical worsening of conjunctivitis*
- *taking a drug which is associated in the individual with: (a) the worsening of conjunctivitis during drug therapy; and (b) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; where treatment with the drug continued for at least the seven days before the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical worsening of conjunctivitis*
- *having mustard gas exposure to the affected eye within the 24 hours before the clinical worsening of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical worsening of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical worsening of conjunctivitis*
- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical worsening of conjunctivitis*
- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical worsening of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of conjunctivitis*
- *inability to obtain appropriate clinical management for conjunctivitis*

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 red, burning, gritty and sticky eyes with discharge, crusting of the lid margins, light sensitivity and blurred vision in both eyes.Since the worsening in 2020 you have constant redness, grittiness and pain, scarring between the lids and the eyeball, reduced vision and severe light sensitivity on 13 April 2017.

The diagnosis was made by an ophthalmologist on 18 April 2017 on slit lamp examination showing bilateral conjunctival injection and discharge, lid margin inflammation and punctate corneal staining, with Staphylococcus aureus cultured from both conjunctivae on 13 April 2017. This meets the Statement of Principles definition of conjunctivitis, which includes blepharoconjunctivitis and keratoconjunctivitis.

After the condition arose, it was worsened during your service. The bilateral blepharitis from graft versus host disease and lid lymphoma was present at the worsening on 9 September 2020. Staphylococcus aureus conjunctival infection, in an immunosuppressed veteran, was present at the worsening. The ectropion and punctal stenosis from the service-linked lymphoma were present at the worsening. Severe dry eye from ocular graft versus host disease was present at the worsening. The mechlorethamine gel applied on 8 September 2020 for recurrence of the service-linked lymphoma was a proven allergen to you, within the 24 hours before the worsening. Autoimmune thyroiditis following the transplant was present at the worsening. Chronic graft versus host disease remained active at the worsening. Steroid-induced diabetes mellitus was present at the worsening. Tetracaine drops instilled on 8 September 2020 for radiotherapy of the service-linked lymphoma fell within the 48 hours before the worsening. Cyclosporine and bexarotene were taken throughout the seven days before the worsening. Bexarotene, given for recurrence of the service-linked lymphoma, was associated with the worsening and its improvement within six days of withdrawal on 10 September 2020. The irritant preserved drops and gel used on 8 September 2020 for treatment of the service-linked lymphoma fell within the 24 hours before the worsening. The nitrogen mustard applied on 8 September 2020 for the lymphoma linked to your operational service reached both eyes within the 24 hours before the worsening. Eye shields placed on 8 September 2020 for radiotherapy of the service-linked lymphoma were in contact with both conjunctivae within the 24 hours before the worsening. The conjunctival abrasions of 8 September 2020 occurred during radiotherapy for the service-linked lymphoma, within the 24 hours before the worsening. Localised electron radiotherapy to both eyelids for the service-linked lymphoma was under way at the worsening. Recurrent mycosis fungoides of both lid margins was present at the worsening. You remained immunocompromised from lymphoma and immunosuppressive drugs at the worsening. You could not obtain ophthalmology review or prescribed autologous serum drops from April to August 2020 for conjunctivitis arising from treatment of the lymphoma linked to your operational service, and the condition worsened.

This has then led to further investigations and the diagnosis of your condition of *Bilateral Conjunctivitis (Worsening)*. I have accepted your condition of *Bilateral Conjunctivitis (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 12 April 2017.

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.