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 Ears - Sensorineural Hearing Loss

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- An ENT consultation and histopathology by the ENT surgeon, dated 18 June 2001;
- An operation note by the orthopaedic surgeon, dated 14 November 2002;
- A radiation oncology summary by the radiation oncologist, dated 20 March 2003;
- A pre-deployment medical and audiogram by the medical officer, dated 16 December 2004;
- A role 3 admission and CT report by the iraq, dated 12 February 2005;
- A ship's sickbay record and pathology by the medical officer, dated 28 March 2005;
- A recompression treatment record by the diving medical officer, dated 6 April 2005;
- A shipboard audiogram by the medical officer, dated 12 April 2005;
- An MRI report by the radiologist, dated 14 September 2005;
- An ENT and haematology consultations by the ENT surgeon and haematologist, dated 14 September 2005;
- A role 3 admission and CT report by the afghanistan, dated 10 June 2010;
- An audiogram by the audiologist, dated 22 June 2010;
- A discharge medical examination by the medical officer, dated 15 December 2013.

Your service

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

12 January 1990 and 15 December 2013

Bilateral Ears - Sensorineural Hearing Loss

You have stated that your condition was caused by:

- *being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of sensorineural hearing loss*
- *being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months, before the clinical onset of sensorineural hearing loss*
- *being exposed to an explosive blast within the 30 days before the clinical onset of sensorineural hearing loss*
- *being struck by lightning within the 30 days before the clinical onset of sensorineural hearing loss*
- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) decompression sickness; within the 30 days before the clinical onset of sensorineural hearing loss*
- *undergoing a course of treatment with a drug or a drug from a class of drugs from the specified list of drugs, within the one year before the clinical onset of sensorineural hearing loss*
- *having received an ototopical medication as specified, directly into the inner ear, in the presence of tympanic membrane perforation or a patent tympanostomy tube (grommet), within the 30 days before the clinical onset of sensorineural hearing loss*
- *taking paracetamol or a nonsteroidal anti-inflammatory drug on an average of at least two days per week, for a continuous period of at least the one year before the clinical onset of sensorineural hearing loss*
- *taking a cumulative total of at least 40 grams of aspirin, or having acute salicylate toxicity, within the 30 days before the clinical onset of sensorineural hearing loss*
- *having a suppurative bacterial infection from the specified list of bacterial infections of the middle or inner ear, involving the affected side, within the 30 days before the clinical onset of sensorineural hearing loss*
- *having an infection with a virus from the specified list of viruses, within the 30 days before the clinical onset of sensorineural hearing loss*
- *having viral labyrinthitis of the affected ear within the 30 days before the clinical onset of sensorineural hearing loss*
- *having meningitis or encephalitis within the one year before the clinical onset of sensorineural hearing loss*
- *having neurosyphilis before the clinical onset of sensorineural hearing loss*
- *having tuberculosis of the meninges, middle ear or inner ear of the affected side, before the clinical onset of sensorineural hearing loss*
- *having leprosy before the clinical onset of sensorineural hearing loss*

- *having a disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side, at the time of the clinical onset of sensorineural hearing loss*
- *having osteoporosis at the time of the clinical onset of sensorineural hearing loss*
- *having a disease from the specified list of autoimmune diseases at the time of the clinical onset of sensorineural hearing loss*
- *having multiple sclerosis at the time of the clinical onset of sensorineural hearing loss*
- *having diabetes mellitus at the time of the clinical onset of sensorineural hearing loss*
- *having a disease from the specified list of haematological diseases at the time of the clinical onset of sensorineural hearing loss*
- *having a cerebrovascular accident within the three months before the clinical onset of sensorineural hearing loss*
- *having a lesion interrupting the supply of blood to the cochlea of the affected ear at the time of the clinical onset of sensorineural hearing loss*
- *having blunt trauma, penetrating trauma or surgery to the cochlea or auditory nerve of the affected side, within the five years before the clinical onset of sensorineural hearing loss*
- *having moderate to severe traumatic brain injury within the three months before the clinical onset of sensorineural hearing loss*
- *having a benign or malignant neoplasm involving the affected auditory nerve or cochlea at the time of the clinical onset of sensorineural hearing loss*
- *undergoing a course of therapeutic radiation for cancer, where the affected cochlea or auditory nerve was in the field of radiation, before the clinical onset of sensorineural hearing loss*
- *inhaling, ingesting or having cutaneous contact with an agent from the specified list of chemical agents, for a cumulative period of at least 2 500 hours within a continuous period of five years, before the clinical onset of sensorineural hearing loss, and where that exposure has ceased, the clinical onset of sensorineural hearing loss has occurred within two years of cessation*
- *having: (a) a cobalt-containing metal-on-metal hip prosthesis; or (b) a serum cobalt concentration of at least 200 micrograms per litre; for at least four weeks before the clinical onset of sensorineural hearing loss*
- *smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sensorineural hearing loss, and where smoking has ceased, the clinical onset of sensorineural hearing loss has occurred within five years of cessation*
- *being exposed to second-hand smoke: (a) for at least 2 500 hours before the clinical onset of sensorineural hearing loss; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical onset of sensorineural hearing loss; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical onset of sensorineural hearing loss*

- *consuming an average of at least 100 grams of alcohol per day for at least the four years before the clinical onset of sensorineural hearing loss*
- *being obese for at least five years within the ten years before the clinical onset of sensorineural hearing loss*
- *having hypertension at the time of the clinical onset of sensorineural hearing loss*

Diagnosis: Sensorineural Hearing Loss

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a shipboard audiogram by the medical officer, dated 12 April 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 Sensorineural Hearing Loss (Reasonable Hypothesis) (No. 98 of 2019)

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 a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical onset of sensorineural hearing loss*
- *being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months, before the clinical onset of sensorineural hearing loss*
- *being exposed to an explosive blast within the 30 days before the clinical onset of sensorineural hearing loss*
- *being struck by lightning within the 30 days before the clinical onset of sensorineural hearing loss*
- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) decompression sickness; within the 30 days before the clinical onset of sensorineural hearing loss*
- *undergoing a course of treatment with a drug or a drug from a class of drugs from the specified list of drugs, within the one year before the clinical onset of sensorineural hearing loss*
- *having received an ototopical medication as specified, directly into the inner ear, in the presence of tympanic membrane perforation or a patent tympanostomy tube (grommet), within the 30 days before the clinical onset of sensorineural hearing loss*
- *taking paracetamol or a nonsteroidal anti-inflammatory drug on an average of at least two days per week, for a continuous period of at least the one year before the clinical onset of sensorineural hearing loss*

- *taking a cumulative total of at least 40 grams of aspirin, or having acute salicylate toxicity, within the 30 days before the clinical onset of sensorineural hearing loss*
- *having a suppurative bacterial infection from the specified list of bacterial infections of the middle or inner ear, involving the affected side, within the 30 days before the clinical onset of sensorineural hearing loss*
- *having an infection with a virus from the specified list of viruses, within the 30 days before the clinical onset of sensorineural hearing loss*
- *having viral labyrinthitis of the affected ear within the 30 days before the clinical onset of sensorineural hearing loss*
- *having meningitis or encephalitis within the one year before the clinical onset of sensorineural hearing loss*
- *having neurosyphilis before the clinical onset of sensorineural hearing loss*
- *having tuberculosis of the meninges, middle ear or inner ear of the affected side, before the clinical onset of sensorineural hearing loss*
- *having leprosy before the clinical onset of sensorineural hearing loss*
- *having a disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side, at the time of the clinical onset of sensorineural hearing loss*
- *having osteoporosis at the time of the clinical onset of sensorineural hearing loss*
- *having a disease from the specified list of autoimmune diseases at the time of the clinical onset of sensorineural hearing loss*
- *having multiple sclerosis at the time of the clinical onset of sensorineural hearing loss*
- *having diabetes mellitus at the time of the clinical onset of sensorineural hearing loss*
- *having a disease from the specified list of haematological diseases at the time of the clinical onset of sensorineural hearing loss*
- *having a cerebrovascular accident within the three months before the clinical onset of sensorineural hearing loss*
- *having a lesion interrupting the supply of blood to the cochlea of the affected ear at the time of the clinical onset of sensorineural hearing loss*
- *having blunt trauma, penetrating trauma or surgery to the cochlea or auditory nerve of the affected side, within the five years before the clinical onset of sensorineural hearing loss*
- *having moderate to severe traumatic brain injury within the three months before the clinical onset of sensorineural hearing loss*
- *having a benign or malignant neoplasm involving the affected auditory nerve or cochlea at the time of the clinical onset of sensorineural hearing loss*
- *undergoing a course of therapeutic radiation for cancer, where the affected cochlea or auditory nerve was in the field of radiation, before the clinical onset of sensorineural hearing loss*
- *inhaling, ingesting or having cutaneous contact with an agent from the specified list of chemical agents, for a cumulative period of at least 2 500 hours within a continuous period*

of five years, before the clinical onset of sensorineural hearing loss, and where that exposure has ceased, the clinical onset of sensorineural hearing loss has occurred within two years of cessation

- *having: (a) a cobalt-containing metal-on-metal hip prosthesis; or (b) a serum cobalt concentration of at least 200 micrograms per litre; for at least four weeks before the clinical onset of sensorineural hearing loss*
- *smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sensorineural hearing loss, and where smoking has ceased, the clinical onset of sensorineural hearing loss has occurred within five years of cessation*
- *being exposed to second-hand smoke: (a) for at least 2 500 hours before the clinical onset of sensorineural hearing loss; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical onset of sensorineural hearing loss; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical onset of sensorineural hearing loss*
- *consuming an average of at least 100 grams of alcohol per day for at least the four years before the clinical onset of sensorineural hearing loss*
- *being obese for at least five years within the ten years before the clinical onset of sensorineural hearing loss*
- *having hypertension at the time of the clinical onset of sensorineural hearing loss*

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 a sudden reduction of hearing in both ears, worse on the right, with roaring tinnitus, a blocked feeling in the right ear, difficulty understanding speech, and unsteadiness from the labyrinthitis and decompression sickness.After the worsening in June 2010 you could not follow conversation without lip-reading or radio traffic even with aids on 10 April 2005.

The diagnosis was confirmed by audiogram on 12 April 2005, which showed bilateral hearing loss with bone conduction thresholds matching air conduction thresholds, right ear 45 to 70 dB and left ear 30 to 50 dB across 2 to 8 kHz. This meets the Statement of Principles definition of sensorineural hearing loss as hearing loss due to a lesion of the cochlea, auditory nerve or central auditory pathways, demonstrated by audiometry.

This has then led to further investigations and the diagnosis of your condition of *Sensorineural Hearing Loss*. I have accepted your condition of *Sensorineural Hearing Loss*.

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 10 April 2005.

Bilateral Ears - Sensorineural Hearing Loss (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
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- An operation note by the orthopaedic surgeon, dated 14 November 2002;
- A radiation oncology summary by the radiation oncologist, dated 20 March 2003;
- A pre-deployment medical and audiogram by the medical officer, dated 16 December 2004;
- A role 3 admission and CT report by the iraq, dated 12 February 2005;
- A ship's sickbay record and pathology by the medical officer, dated 28 March 2005;
- A recompression treatment record by the diving medical officer, dated 6 April 2005;
- A shipboard audiogram by the medical officer, dated 12 April 2005;
- An MRI report by the radiologist, dated 14 September 2005;
- An ENT and haematology consultations by the ENT surgeon and haematologist, dated 14 September 2005;
- A role 3 admission and CT report by the afghanistan, dated 10 June 2010;
- An audiogram by the audiologist, dated 22 June 2010;
- A discharge medical examination by the medical officer, dated 15 December 2013.

Your service

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

12 January 1990 and 15 December 2013

Bilateral Ears - Sensorineural Hearing Loss (Worsening)

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

- *being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical worsening of sensorineural hearing loss*

- *being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months, before the clinical worsening of sensorineural hearing loss*
- *being exposed to an explosive blast within the 30 days before the clinical worsening of sensorineural hearing loss*
- *being struck by lightning within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) decompression sickness; within the 30 days before the clinical worsening of sensorineural hearing loss*
- *undergoing a course of treatment with a drug or a drug from a class of drugs from the specified list of drugs, within the one year before the clinical worsening of sensorineural hearing loss*
- *having received an ototopical medication as specified, directly into the inner ear, in the presence of tympanic membrane perforation or a patent tympanostomy tube (grommet), within the 30 days before the clinical worsening of sensorineural hearing loss*
- *taking paracetamol or a nonsteroidal anti-inflammatory drug on an average of at least two days per week, for a continuous period of at least the one year before the clinical worsening of sensorineural hearing loss*
- *taking a cumulative total of at least 40 grams of aspirin, or having acute salicylate toxicity, within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having a suppurative bacterial infection from the specified list of bacterial infections of the middle or inner ear, involving the affected side, within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having an infection with a virus from the specified list of viruses, within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having viral labyrinthitis of the affected ear within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having meningitis or encephalitis within the one year before the clinical worsening of sensorineural hearing loss*
- *having neurosyphilis before the clinical worsening of sensorineural hearing loss*
- *having tuberculosis of the meninges, middle ear or inner ear of the affected side, before the clinical worsening of sensorineural hearing loss*
- *having leprosy before the clinical worsening of sensorineural hearing loss*
- *having a disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side, at the time of the clinical worsening of sensorineural hearing loss*
- *having osteoporosis at the time of the clinical worsening of sensorineural hearing loss*
- *having a disease from the specified list of autoimmune diseases at the time of the clinical worsening of sensorineural hearing loss*

- *having multiple sclerosis at the time of the clinical worsening of sensorineural hearing loss*
- *having diabetes mellitus at the time of the clinical worsening of sensorineural hearing loss*
- *having a disease from the specified list of haematological diseases at the time of the clinical worsening of sensorineural hearing loss*
- *having a cerebrovascular accident within the three months before the clinical worsening of sensorineural hearing loss*
- *having a lesion interrupting the supply of blood to the cochlea of the affected ear at the time of the clinical worsening of sensorineural hearing loss*
- *having blunt trauma, penetrating trauma or surgery to the cochlea or auditory nerve of the affected side within the five years before the clinical worsening of sensorineural hearing loss*
- *having moderate to severe traumatic brain injury within the three months before the clinical worsening of sensorineural hearing loss*
- *having a benign or malignant neoplasm involving the affected auditory nerve or cochlea at the time of the clinical worsening of sensorineural hearing loss*
- *undergoing a course of therapeutic radiation for cancer, where the affected cochlea or auditory nerve was in the field of radiation, before the clinical worsening of sensorineural hearing loss*
- *inhaling, ingesting or having cutaneous contact with an agent from the specified list of chemical agents, for a cumulative period of at least 2 500 hours within a continuous period of five years, before the clinical worsening of sensorineural hearing loss, and where that exposure has ceased, the clinical worsening of sensorineural hearing loss has occurred within two years of cessation*
- *having: (a) a cobalt-containing metal-on-metal hip prosthesis; or (b) a serum cobalt concentration of at least 200 micrograms per litre; for at least four weeks before the clinical worsening of sensorineural hearing loss*
- *smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sensorineural hearing loss, and where smoking has ceased, the clinical worsening of sensorineural hearing loss has occurred within five years of cessation*
- *being exposed to second-hand smoke: (a) for at least 2 500 hours before the clinical worsening of sensorineural hearing loss; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical worsening of sensorineural hearing loss; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical worsening of sensorineural hearing loss*
- *consuming an average of at least 100 grams of alcohol per day for at least the four years before the clinical worsening of sensorineural hearing loss*
- *being obese for at least five years within the ten years before the clinical worsening of sensorineural hearing loss*
- *having hypertension at the time of the clinical worsening of sensorineural hearing loss*
- *inability to obtain appropriate clinical management for sensorineural hearing loss*

Diagnosis: Sensorineural Hearing Loss (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a shipboard audiogram by the medical officer, dated 12 April 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 Sensorineural Hearing Loss (Reasonable Hypothesis) (No. 98 of 2019)

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 a peak sound pressure level at the tympanic membrane of at least 140 dB(C) before the clinical worsening of sensorineural hearing loss*
- *being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-dB exchange rate for a cumulative period of at least six months, before the clinical worsening of sensorineural hearing loss*
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- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) decompression sickness; within the 30 days before the clinical worsening of sensorineural hearing loss*
- *undergoing a course of treatment with a drug or a drug from a class of drugs from the specified list of drugs, within the one year before the clinical worsening of sensorineural hearing loss*
- *having received an ototopical medication as specified, directly into the inner ear, in the presence of tympanic membrane perforation or a patent tympanostomy tube (grommet), within the 30 days before the clinical worsening of sensorineural hearing loss*
- *taking paracetamol or a nonsteroidal anti-inflammatory drug on an average of at least two days per week, for a continuous period of at least the one year before the clinical worsening of sensorineural hearing loss*
- *taking a cumulative total of at least 40 grams of aspirin, or having acute salicylate toxicity, within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having a suppurative bacterial infection from the specified list of bacterial infections of the middle or inner ear, involving the affected side, within the 30 days before the clinical worsening of sensorineural hearing loss*

- *having an infection with a virus from the specified list of viruses, within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having viral labyrinthitis of the affected ear within the 30 days before the clinical worsening of sensorineural hearing loss*
- *having meningitis or encephalitis within the one year before the clinical worsening of sensorineural hearing loss*
- *having neurosyphilis before the clinical worsening of sensorineural hearing loss*
- *having tuberculosis of the meninges, middle ear or inner ear of the affected side, before the clinical worsening of sensorineural hearing loss*
- *having leprosy before the clinical worsening of sensorineural hearing loss*
- *having a disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side, at the time of the clinical worsening of sensorineural hearing loss*
- *having osteoporosis at the time of the clinical worsening of sensorineural hearing loss*
- *having a disease from the specified list of autoimmune diseases at the time of the clinical worsening of sensorineural hearing loss*
- *having multiple sclerosis at the time of the clinical worsening of sensorineural hearing loss*
- *having diabetes mellitus at the time of the clinical worsening of sensorineural hearing loss*
- *having a disease from the specified list of haematological diseases at the time of the clinical worsening of sensorineural hearing loss*
- *having a cerebrovascular accident within the three months before the clinical worsening of sensorineural hearing loss*
- *having a lesion interrupting the supply of blood to the cochlea of the affected ear at the time of the clinical worsening of sensorineural hearing loss*
- *having blunt trauma, penetrating trauma or surgery to the cochlea or auditory nerve of the affected side within the five years before the clinical worsening of sensorineural hearing loss*
- *having moderate to severe traumatic brain injury within the three months before the clinical worsening of sensorineural hearing loss*
- *having a benign or malignant neoplasm involving the affected auditory nerve or cochlea at the time of the clinical worsening of sensorineural hearing loss*
- *undergoing a course of therapeutic radiation for cancer, where the affected cochlea or auditory nerve was in the field of radiation, before the clinical worsening of sensorineural hearing loss*
- *inhaling, ingesting or having cutaneous contact with an agent from the specified list of chemical agents, for a cumulative period of at least 2 500 hours within a continuous period of five years, before the clinical worsening of sensorineural hearing loss, and where that exposure has ceased, the clinical worsening of sensorineural hearing loss has occurred within two years of cessation*

- *having: (a) a cobalt-containing metal-on-metal hip prosthesis; or (b) a serum cobalt concentration of at least 200 micrograms per litre; for at least four weeks before the clinical worsening of sensorineural hearing loss*
- *smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sensorineural hearing loss, and where smoking has ceased, the clinical worsening of sensorineural hearing loss has occurred within five years of cessation*
- *being exposed to second-hand smoke: (a) for at least 2 500 hours before the clinical worsening of sensorineural hearing loss; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical worsening of sensorineural hearing loss; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical worsening of sensorineural hearing loss*
- *consuming an average of at least 100 grams of alcohol per day for at least the four years before the clinical worsening of sensorineural hearing loss*
- *being obese for at least five years within the ten years before the clinical worsening of sensorineural hearing loss*
- *having hypertension at the time of the clinical worsening of sensorineural hearing loss*
- *inability to obtain appropriate clinical management for sensorineural hearing loss*

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 a sudden reduction of hearing in both ears, worse on the right, with roaring tinnitus, a blocked feeling in the right ear, difficulty understanding speech, and unsteadiness from the labyrinthitis and decompression sickness.After the worsening in June 2010 you could not follow conversation without lip-reading or radio traffic even with aids on 10 April 2005.

The diagnosis was confirmed by audiogram on 12 April 2005, which showed bilateral hearing loss with bone conduction thresholds matching air conduction thresholds, right ear 45 to 70 dB and left ear 30 to 50 dB across 2 to 8 kHz. This meets the Statement of Principles definition of sensorineural hearing loss as hearing loss due to a lesion of the cochlea, auditory nerve or central auditory pathways, demonstrated by audiometry.

After the condition arose, it was worsened during your service. An improvised explosive device detonated near you on 10 June 2010, a peak level far above 140 dB(C), before the worsening. The same exposure, and helicopter and generator noise in Afghanistan, continued before the worsening, a cumulative period of more than one year. An improvised explosive device blast on 10 June 2010 was five days before the worsening. On 28 May 2010 you were struck by a lightning side-flash at a patrol base during a storm, 18 days before the worsening. On 1 June 2010 you had left otitic barotrauma on a rapid helicopter descent with an upper respiratory infection (a), 14 days before the worsening. In the year before the worsening you took doxycycline, a tetracycline, as malaria prophylaxis from February 2010, frusemide and tramadol, and, for the Reasonable Hypothesis instrument, imatinib from September 2005. Chloramphenicol

ear drops were instilled into the right ear through the persisting perforation from 5 June 2010, within the 30 days before the worsening. Ibuprofen continued on at least four days a week for more than one year before the worsening. You took aspirin 1.5 grams daily for superficial thrombophlebitis from 18 May 2010, a cumulative total of about 42 grams within the 30 days before the worsening. Right chronic suppurative otitis media with discharge persisted in May and June 2010, within the 30 days before the worsening. Cytomegalovirus infection, on the specified list, was confirmed by PCR on 25 May 2010, 21 days before the worsening, while you were immunosuppressed by imatinib. Left viral labyrinthitis was diagnosed on 2 June 2010, 13 days before the worsening. Herpes simplex meningitis was confirmed on 20 February 2010, within the six months and the one year before the worsening. The neurosyphilis of 2003 preceded the worsening. The tuberculous otitis media of 2001 preceded the worsening. The leprosy of 2002 preceded the worsening. Paget's disease of both petrous temporal bones was present at the worsening. Osteoporosis was present at the worsening. Sarcoidosis was active at the worsening. Multiple sclerosis was present at the worsening. Diabetes mellitus was present at the worsening, with an HbA1c of 8.6 per cent. Chronic myeloid leukaemia, treated with imatinib, was present at the worsening. A further lacunar infarct on 5 May 2010 was within the three months before the worsening. The vertebral dissection had progressed to occlusion on imaging in June 2010, interrupting the cochlear supply at the worsening. On 10 June 2010 you sustained a left temporal bone fracture involving the cochlear promontory in the blast, within the five years before the worsening. On 10 June 2010 you had a further moderate traumatic brain injury, with loss of consciousness for 40 minutes, within the three months before the worsening. The meningioma was present, enlarged to 15 mm, at the worsening. The radiotherapy of 2003 preceded the worsening. From 2005 to February 2010 you again used toluene, xylene and epoxy products for about 12 hours a week, more than 2 500 hours in five years; the exposure ceased in February 2010 and the worsening occurred four months later, within two years of cessation. The metal-on-metal resurfacing remained in place for more than four weeks before the worsening. You continued to smoke to the worsening, about 27 pack-years. Exposure in enclosed messes and huts continued to 2010, within two years of the worsening, satisfying (a), (b) and (c). You drank about 110 grams a day for the four years before the worsening. Your BMI remained above 30 for the ten years before the worsening. Hypertension was present at the worsening, with a blood pressure of 162/98 mmHg in June 2010. On warlike service in Iraq in 2005 your sudden hearing loss was not treated with high-dose corticosteroids within the effective window because no audiology or ENT review was available at sea, and you were returned to diving and demolition duties.

This has then led to further investigations and the diagnosis of your condition of *Sensorineural Hearing Loss (Worsening)*. I have accepted your condition of *Sensorineural Hearing Loss (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 10 June 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.