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 - Tinnitus and Non - Specific Dizziness

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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A radiation oncology summary by the radiation oncologist, dated 14 August 2007;
- An operation note and audiogram by the ENT surgeon, dated 4 November 2009;
- A hospital discharge summary by the physician, dated 22 July 2011;
- A pre-deployment medical and audiology by the medical officer, dated 5 December 2011;
- A role 3 admission and CT report by the afghanistan, dated 25 February 2012;
- A role 1 treatment record by the medical officer, Afghanistan, dated 14 March 2012;
- A role 2 consultation and field audiogram by the medical officer, dated 21 March 2012;
- A role 2 consultation by the medical officer, Afghanistan, dated 9 July 2012;
- An audiogram by the audiologist, dated 16 July 2012;
- An MRI and CT temporal bones by the radiologist, dated 4 September 2012;
- An ENT consultation by the ENT surgeon, dated 4 September 2012;
- A haematology consultation by the haematologist, dated 18 September 2012;
- A discharge medical examination by the medical officer, dated 30 May 2014.

Your service

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

23 January 1984 and 30 May 2014

Bilateral Ears - Tinnitus and Non - Specific Dizziness

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 tinnitus*
- *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 tinnitus*
- *having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus*
- *having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus*
- *taking a drug from the specified list of drugs within the 30 days before the clinical onset of tinnitus*
- *taking a drug which is associated in the individual with: (a) the development of tinnitus within 30 days of commencing drug therapy; and (b) a decrease in tinnitus within days or weeks of discontinuing or tapering drug therapy; and where treatment with the drug continued for at least the three days before the clinical onset of tinnitus*
- *having smoked at least ten pack-years of tobacco products before the clinical onset of tinnitus, and where smoking has ceased, the clinical onset of tinnitus 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 tinnitus; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical onset of tinnitus; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical onset of tinnitus*
- *having inner ear exposure to a chemical agent from the specified list of chemical agents within the 30 days before the clinical onset of tinnitus*
- *having a vascular, muscular or other anatomical source of sound that can be transmitted to the affected ear at the time of the clinical onset of tinnitus*
- *having a reduced supply of blood to an auditory structure of the affected ear at the time of the clinical onset of tinnitus*
- *having a bone 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 tinnitus*
- *having osteoporosis at the time of the clinical onset of tinnitus*
- *having an autoimmune disease at the time of the clinical onset of tinnitus*
- *having multiple sclerosis at the time of the clinical onset of tinnitus*
- *having a benign or malignant neoplasm involving the petrous temporal bone, an auditory structure or central auditory neural pathway of the affected ear at the time of the clinical onset of tinnitus*

- *having a haematological disease from the specified list of haematological diseases at the time of the clinical onset of tinnitus*
- *having a cerebrovascular accident within the 30 days before the clinical onset of tinnitus*
- *having concussion or moderate to severe traumatic brain injury within the three months before the clinical onset of tinnitus*
- *being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus*
- *being struck by lightning within the 30 days before the clinical onset of tinnitus*
- *having temporomandibular disorder at the time of the clinical onset of tinnitus*
- *having trigeminal neuralgia at the time of the clinical onset of tinnitus*
- *having migraine or tension-type headache before the clinical onset of tinnitus*
- *having Meniere's disease or delayed endolymphatic hydrops at the time of the clinical onset of tinnitus*
- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) cerebral arterial gas embolism; or (c) decompression sickness; within the 30 days before the clinical onset of tinnitus*
- *having acoustic shock at the time of the clinical onset of tinnitus*
- *having a bacterial infection from the specified list of bacterial infections within the 30 days before the clinical onset of tinnitus*
- *having a viral infection from the specified list of viral infections within the 30 days before the clinical onset of tinnitus*
- *having meningitis or encephalitis within the one year before the clinical onset of tinnitus*
- *having neurosyphilis before the clinical onset of tinnitus*
- *having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side before the clinical onset of tinnitus*
- *having typhoid fever within the 30 days before the clinical onset of tinnitus*
- *undergoing a course of therapeutic radiation for cancer, where the auditory apparatus was in the field of radiation, before the clinical onset of tinnitus*
- *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 the four weeks before the clinical onset of tinnitus*
- *having vitamin B1 (thiamine) or vitamin B12 (cobalamin) deficiency at the time of the clinical onset of tinnitus*
- *having carbon monoxide poisoning within the 48 hours before the clinical onset of tinnitus*
- *having hypothyroidism for at least the three months before the clinical onset of tinnitus*
- *having a clinically significant depressive disorder or a clinically significant anxiety disorder at the time of the clinical onset of tinnitus*

Diagnosis: Tinnitus and Non - Specific Dizziness

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a role 2 consultation and field audiogram by the medical officer, dated 21 March 2012.

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

Statement of Principles concerning Tinnitus (Reasonable Hypothesis) (No. 84 of 2020)

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 tinnitus*
- *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 tinnitus*
- *having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical onset of tinnitus*
- *having sensorineural hearing loss or conductive hearing loss at the time of the clinical onset of tinnitus*
- *taking a drug from the specified list of drugs within the 30 days before the clinical onset of tinnitus*
- *taking a drug which is associated in the individual with: (a) the development of tinnitus within 30 days of commencing drug therapy; and (b) a decrease in tinnitus within days or weeks of discontinuing or tapering drug therapy; and where treatment with the drug continued for at least the three days before the clinical onset of tinnitus*
- *having smoked at least ten pack-years of tobacco products before the clinical onset of tinnitus, and where smoking has ceased, the clinical onset of tinnitus 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 tinnitus; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical onset of tinnitus; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical onset of tinnitus*
- *having inner ear exposure to a chemical agent from the specified list of chemical agents within the 30 days before the clinical onset of tinnitus*
- *having a vascular, muscular or other anatomical source of sound that can be transmitted to the affected ear at the time of the clinical onset of tinnitus*
- *having a reduced supply of blood to an auditory structure of the affected ear at the time of the clinical onset of tinnitus*
- *having a bone 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*

tinnitus

- *having osteoporosis at the time of the clinical onset of tinnitus*
- *having an autoimmune disease at the time of the clinical onset of tinnitus*
- *having multiple sclerosis at the time of the clinical onset of tinnitus*
- *having a benign or malignant neoplasm involving the petrous temporal bone, an auditory structure or central auditory neural pathway of the affected ear at the time of the clinical onset of tinnitus*
- *having a haematological disease from the specified list of haematological diseases at the time of the clinical onset of tinnitus*
- *having a cerebrovascular accident within the 30 days before the clinical onset of tinnitus*
- *having concussion or moderate to severe traumatic brain injury within the three months before the clinical onset of tinnitus*
- *being exposed to an explosive blast within the 30 days before the clinical onset of tinnitus*
- *being struck by lightning within the 30 days before the clinical onset of tinnitus*
- *having temporomandibular disorder at the time of the clinical onset of tinnitus*
- *having trigeminal neuralgia at the time of the clinical onset of tinnitus*
- *having migraine or tension-type headache before the clinical onset of tinnitus*
- *having Meniere's disease or delayed endolymphatic hydrops at the time of the clinical onset of tinnitus*
- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) cerebral arterial gas embolism; or (c) decompression sickness; within the 30 days before the clinical onset of tinnitus*
- *having acoustic shock at the time of the clinical onset of tinnitus*
- *having a bacterial infection from the specified list of bacterial infections within the 30 days before the clinical onset of tinnitus*
- *having a viral infection from the specified list of viral infections within the 30 days before the clinical onset of tinnitus*
- *having meningitis or encephalitis within the one year before the clinical onset of tinnitus*
- *having neurosyphilis before the clinical onset of tinnitus*
- *having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side before the clinical onset of tinnitus*
- *having typhoid fever within the 30 days before the clinical onset of tinnitus*
- *undergoing a course of therapeutic radiation for cancer, where the auditory apparatus was in the field of radiation, before the clinical onset of tinnitus*
- *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 the four weeks before the clinical onset of tinnitus*
- *having vitamin B1 (thiamine) or vitamin B12 (cobalamin) deficiency at the time of the clinical onset of tinnitus*

- *having carbon monoxide poisoning within the 48 hours before the clinical onset of tinnitus*
- *having hypothyroidism for at least the three months before the clinical onset of tinnitus*
- *having a clinically significant depressive disorder or a clinically significant anxiety disorder at the time of the clinical onset of tinnitus*

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 constant high-pitched ringing in both ears, louder on the left, with muffled hearing, a feeling of fullness and burning in the left ear, intolerance of loud voices and radio traffic, and episodes of unsteadiness and light-headedness on turning and standing.After the worsening in July 2012 the tinnitus became louder and intrusive at all times, with frequent dizzy spells on 14 March 2012.

Tinnitus is diagnosed clinically on the person's report of sound without an external source. You reported constant bilateral high-pitched tinnitus from 14 March 2012, recorded at the role 1 facility that day and assessed by a Medical Officer on 21 March 2012, with a Tinnitus Handicap Inventory score of 38 and an audiogram showing bilateral high-frequency sensorineural hearing loss. This meets the Statement of Principles definition of tinnitus as the perception of sound in the ear or head without an external acoustic stimulus, lasting at least one week.

This has then led to further investigations and the diagnosis of your condition of *Tinnitus and Non - Specific Dizziness*. I have accepted your condition of *Tinnitus and Non - Specific Dizziness*.

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 14 March 2012.

Bilateral Ears - Tinnitus and Non - Specific Dizziness (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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A radiation oncology summary by the radiation oncologist, dated 14 August 2007;
- An operation note and audiogram by the ENT surgeon, dated 4 November 2009;
- A hospital discharge summary by the physician, dated 22 July 2011;
- A pre-deployment medical and audiology by the medical officer, dated 5 December 2011;
- A role 3 admission and CT report by the afghanistan, dated 25 February 2012;
- A role 1 treatment record by the medical officer, Afghanistan, dated 14 March 2012;
- A role 2 consultation and field audiogram by the medical officer, dated 21 March 2012;
- A role 2 consultation by the medical officer, Afghanistan, dated 9 July 2012;
- An audiogram by the audiologist, dated 16 July 2012;
- An MRI and CT temporal bones by the radiologist, dated 4 September 2012;
- An ENT consultation by the ENT surgeon, dated 4 September 2012;
- A haematology consultation by the haematologist, dated 18 September 2012;
- A discharge medical examination by the medical officer, dated 30 May 2014.

Your service

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

23 January 1984 and 30 May 2014

Bilateral Ears - Tinnitus and Non - Specific Dizziness (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 tinnitus*

- *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 tinnitus*
- *having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical worsening of tinnitus*
- *having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus*
- *taking a drug from the specified list of drugs within the 30 days before the clinical worsening of tinnitus*
- *having smoked at least ten pack-years of tobacco products before the clinical worsening of tinnitus, and where smoking has ceased, the clinical worsening of tinnitus 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 tinnitus; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical worsening of tinnitus; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical worsening of tinnitus*
- *having inner ear exposure to a chemical agent from the specified list of chemical agents within the 30 days before the clinical worsening of tinnitus*
- *having a vascular, muscular or other anatomical source of sound that can be transmitted to the affected ear at the time of the clinical worsening of tinnitus*
- *having a reduced supply of blood to an auditory structure of the affected ear at the time of the clinical worsening of tinnitus*
- *having a bone 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 tinnitus*
- *having osteoporosis at the time of the clinical worsening of tinnitus*
- *having an autoimmune disease at the time of the clinical worsening of tinnitus*
- *having multiple sclerosis at the time of the clinical worsening of tinnitus*
- *having a benign or malignant neoplasm involving the petrous temporal bone, an auditory structure or central auditory neural pathway of the affected ear at the time of the clinical worsening of tinnitus*
- *having a haematological disease from the specified list of haematological diseases at the time of the clinical worsening of tinnitus*
- *having a cerebrovascular accident within the 30 days before the clinical worsening of tinnitus*
- *having concussion or moderate to severe traumatic brain injury within the three months before the clinical worsening of tinnitus*
- *being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus*

- *being struck by lightning within the 30 days before the clinical worsening of tinnitus*
- *having temporomandibular disorder at the time of the clinical worsening of tinnitus*
- *having trigeminal neuralgia at the time of the clinical worsening of tinnitus*
- *having migraine or tension-type headache before the clinical worsening of tinnitus*
- *having Meniere's disease or delayed endolymphatic hydrops at the time of the clinical worsening of tinnitus*
- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) cerebral arterial gas embolism; or (c) decompression sickness; within the 30 days before the clinical worsening of tinnitus*
- *having acoustic shock at the time of the clinical worsening of tinnitus*
- *having a bacterial infection from the specified list of bacterial infections within the 30 days before the clinical worsening of tinnitus*
- *having a viral infection from the specified list of viral infections within the 30 days before the clinical worsening of tinnitus*
- *having meningitis or encephalitis within the one year before the clinical worsening of tinnitus*
- *having neurosyphilis before the clinical worsening of tinnitus*
- *having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side before the clinical worsening of tinnitus*
- *having typhoid fever within the 30 days before the clinical worsening of tinnitus*
- *undergoing a course of therapeutic radiation for cancer, where the auditory apparatus was in the field of radiation, before the clinical worsening of tinnitus*
- *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 the four weeks before the clinical worsening of tinnitus*
- *having vitamin B1 (thiamine) or vitamin B12 (cobalamin) deficiency at the time of the clinical worsening of tinnitus*
- *having carbon monoxide poisoning within the 48 hours before the clinical worsening of tinnitus*
- *having hypothyroidism for at least the three months before the clinical worsening of tinnitus*
- *having a clinically significant depressive disorder or a clinically significant anxiety disorder at the time of the clinical worsening of tinnitus*
- *inability to obtain appropriate clinical management for tinnitus*

Diagnosis: Tinnitus and Non - Specific Dizziness (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a role 2 consultation and field audiogram by the medical officer, dated 21 March 2012.

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

Statement of Principles concerning Tinnitus (Reasonable Hypothesis) (No. 84 of 2020)

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 tinnitus*
- *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 tinnitus*
- *having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway, within the five years before the clinical worsening of tinnitus*
- *having sensorineural hearing loss or conductive hearing loss at the time of the clinical worsening of tinnitus*
- *taking a drug from the specified list of drugs within the 30 days before the clinical worsening of tinnitus*
- *having smoked at least ten pack-years of tobacco products before the clinical worsening of tinnitus, and where smoking has ceased, the clinical worsening of tinnitus 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 tinnitus; and (b) where the first exposure to second-hand smoke commenced at least five years before the clinical worsening of tinnitus; and (c) where the last exposure to second-hand smoke occurred within the two years before the clinical worsening of tinnitus*
- *having inner ear exposure to a chemical agent from the specified list of chemical agents within the 30 days before the clinical worsening of tinnitus*
- *having a vascular, muscular or other anatomical source of sound that can be transmitted to the affected ear at the time of the clinical worsening of tinnitus*
- *having a reduced supply of blood to an auditory structure of the affected ear at the time of the clinical worsening of tinnitus*
- *having a bone 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 tinnitus*
- *having osteoporosis at the time of the clinical worsening of tinnitus*
- *having an autoimmune disease at the time of the clinical worsening of tinnitus*
- *having multiple sclerosis at the time of the clinical worsening of tinnitus*
- *having a benign or malignant neoplasm involving the petrous temporal bone, an auditory structure or central auditory neural pathway of the affected ear at the time of the clinical*

worsening of tinnitus

- *having a haematological disease from the specified list of haematological diseases at the time of the clinical worsening of tinnitus*
- *having a cerebrovascular accident within the 30 days before the clinical worsening of tinnitus*
- *having concussion or moderate to severe traumatic brain injury within the three months before the clinical worsening of tinnitus*
- *being exposed to an explosive blast within the 30 days before the clinical worsening of tinnitus*
- *being struck by lightning within the 30 days before the clinical worsening of tinnitus*
- *having temporomandibular disorder at the time of the clinical worsening of tinnitus*
- *having trigeminal neuralgia at the time of the clinical worsening of tinnitus*
- *having migraine or tension-type headache before the clinical worsening of tinnitus*
- *having Meniere's disease or delayed endolymphatic hydrops at the time of the clinical worsening of tinnitus*
- *having: (a) an episode of otitic barotrauma involving the affected ear; or (b) cerebral arterial gas embolism; or (c) decompression sickness; within the 30 days before the clinical worsening of tinnitus*
- *having acoustic shock at the time of the clinical worsening of tinnitus*
- *having a bacterial infection from the specified list of bacterial infections within the 30 days before the clinical worsening of tinnitus*
- *having a viral infection from the specified list of viral infections within the 30 days before the clinical worsening of tinnitus*
- *having meningitis or encephalitis within the one year before the clinical worsening of tinnitus*
- *having neurosyphilis before the clinical worsening of tinnitus*
- *having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side before the clinical worsening of tinnitus*
- *having typhoid fever within the 30 days before the clinical worsening of tinnitus*
- *undergoing a course of therapeutic radiation for cancer, where the auditory apparatus was in the field of radiation, before the clinical worsening of tinnitus*
- *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 the four weeks before the clinical worsening of tinnitus*
- *having vitamin B1 (thiamine) or vitamin B12 (cobalamin) deficiency at the time of the clinical worsening of tinnitus*
- *having carbon monoxide poisoning within the 48 hours before the clinical worsening of tinnitus*
- *having hypothyroidism for at least the three months before the clinical worsening of tinnitus*

- *having a clinically significant depressive disorder or a clinically significant anxiety disorder at the time of the clinical worsening of tinnitus*
- *inability to obtain appropriate clinical management for tinnitus*

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 constant high-pitched ringing in both ears, louder on the left, with muffled hearing, a feeling of fullness and burning in the left ear, intolerance of loud voices and radio traffic, and episodes of unsteadiness and light-headedness on turning and standing.After the worsening in July 2012 the tinnitus became louder and intrusive at all times, with frequent dizzy spells on 14 March 2012.

Tinnitus is diagnosed clinically on the person's report of sound without an external source. You reported constant bilateral high-pitched tinnitus from 14 March 2012, recorded at the role 1 facility that day and assessed by a Medical Officer on 21 March 2012, with a Tinnitus Handicap Inventory score of 38 and an audiogram showing bilateral high-frequency sensorineural hearing loss. This meets the Statement of Principles definition of tinnitus as the perception of sound in the ear or head without an external acoustic stimulus, lasting at least one week.

After the condition arose, it was worsened during your service. On 8 July 2012 a second rocket detonated about 20 metres from you, a peak sound pressure level well above 140 dB(C), before the worsening on 9 July 2012. The same cumulative exposure, and continuous generator noise of about 87 dB(A) in your deployed accommodation, preceded the worsening. The stapedotomy of 2009 and recurrent left tympanic membrane perforation in June 2012 were within the five years before the worsening. The bilateral sensorineural hearing loss had increased by 15 dB at 3 to 6 kHz on 16 July 2012, at the worsening. Oxycodone, carbimazole and tadalafil continued, and azithromycin was given again from 15 June 2012, within the 30 days before the worsening. You continued to smoke 20 cigarettes a day to the worsening, about 26 pack-years. Exposure in the enclosed smoking area continued to July 2012, within the two years before the worsening, satisfying (a), (b) and (c). Framycetin ear drops were again instilled through the perforation from 15 June 2012, within the 30 days before the worsening. The aortic stenosis was present, with a loud murmur, at the worsening. The vertebral stenosis persisted, with a second infarct on 22 June 2012, at the worsening. Otosclerosis of both ears was present at the worsening. Osteoporosis was present at the worsening. Graves disease was present at the worsening. Multiple sclerosis was present at the worsening, with new plaques on MRI in September 2012. The vestibular schwannoma was present at the worsening. Chronic lymphocytic leukaemia was present at the worsening, with a lymphocyte count of 14.2 x 10^9/L in June 2012. A second small right cerebellar infarct was shown on CT on 22 June 2012, within the 30 days before the worsening. You were knocked to the ground and concussed in the rocket attack of 8 July 2012, within the three months before the worsening. You were exposed to the blast of a rocket about 20 metres away on 8 July 2012, within the 30 days before the worsening. On 30 June 2012 you were again struck by a side-flash during a storm while on the roof, within the 30 days before the worsening. Temporomandibular disorder was present at the worsening, with increased jaw pain recorded in

June 2012. Trigeminal neuralgia was present at the worsening. Migraine with brainstem aura was present before the worsening. Meniere's disease was present at the worsening, with three vertigo attacks in June 2012. On 25 June 2012, on a military flight, you again had left otitic barotrauma, within the 30 days before the worsening. A second headset shriek on 2 July 2012 caused renewed acoustic shock symptoms present at the worsening. Recurrent acute left otitis media was diagnosed on 15 June 2012, within the 30 days before the worsening. A herpes simplex recurrence on 28 June 2012 was within the 30 days before the worsening. The meningitis of 22 July 2011 was within the one year before the worsening, from 9 July 2011 to 9 July 2012. The neurosyphilis of 2008 preceded the worsening. The nasopharyngeal tuberculosis of 2006 preceded the worsening. A relapse of typhoid fever, with positive blood cultures on 18 June 2012, was within the 30 days before the worsening. The radiotherapy of 2007 preceded the worsening. The metal-on-metal resurfacing remained in place for more than four weeks before the worsening. Vitamin B12 remained deficient at 135 pmol/L in June 2012, at the worsening, as injections were not available. On 7 July 2012 generator exhaust in a bunker caused carbon monoxide poisoning, with a carboxyhaemoglobin of 15 per cent, within the 48 hours before the worsening. You remained hypothyroid throughout the three months before the worsening. Generalised anxiety disorder, with a new depressive episode, required monthly psychiatric review at the worsening. On warlike service in Afghanistan in 2012 you had no access to MRI, formal audiology, ENT or neurology review, so the vestibular schwannoma, leukaemia and the cause of your strokes went undiagnosed while you remained exposed to rocket attacks, noise and illness, and the tinnitus worsened.

This has then led to further investigations and the diagnosis of your condition of *Tinnitus and Non - Specific Dizziness (Worsening)*. I have accepted your condition of *Tinnitus and Non - Specific Dizziness (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 9 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.