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 Eyes - Chemical Conjunctivitis and Possible Allergic 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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 22 June 2008;
- An operation note by the maxillofacial surgeon, dated 26 June 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 10 March 2009;
- An ophthalmology consultation by the ophthalmologist, dated 14 April 2009;
- An endocrinology consultation and CT orbits by the endocrinologist, dated 9 August 2011;
- A transplant discharge summary by the haematologist, dated 8 November 2012;
- An outpatient health record by the medical officer, dated 22 July 2013;
- A histopathology and operation note by the oculoplastic surgeon, dated 28 January 2015;
- A radiation oncology consultation by the radiation oncologist, dated 2 March 2015;
- An ophthalmology review by the ophthalmologist, dated 23 March 2015;
- A site treatment record by the medical officer, dated 25 March 2015;
- An ophthalmology consultation and microbiology report by the ophthalmologist, dated 26 March 2015;
- An ophthalmology review by the ophthalmologist, dated 7 April 2015;
- A skin-prick testing by the immunologist, dated 18 May 2015;
- A discharge medical examination by the medical officer, dated 20 December 2019.

Your service

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

3 February 1997 and 20 December 2019

Bilateral Eyes - Chemical Conjunctivitis and Possible Allergic 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: Chemical Conjunctivitis and Possible Allergic Conjunctivitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an ophthalmology consultation and microbiology report by the ophthalmologist, dated 26 March 2015.

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 (Balance of Probabilities) (No. 77 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 burning pain, redness, watering, swelling of the eyelids and conjunctiva, a gritty foreign body sensation, itch, sensitivity to light and a sticky discharge in both eyes, worse on the left.After the worsening in April 2015 the pain, light sensitivity and blurred vision in the left eye increased on 25 March 2015.

The diagnosis was confirmed by an ophthalmologist on 26 March 2015 on slit lamp examination, which showed diffuse conjunctival injection and chemosis, areas of conjunctival burn with fluorescein staining, embedded grit under both upper lids and papillae, following documented exposure to sulfur mustard and hypochlorite. This meets the Statement of Principles definition of conjunctivitis as inflammation of the conjunctiva.

This has then led to further investigations and the diagnosis of your condition of *Chemical Conjunctivitis and Possible Allergic Conjunctivitis*. I have accepted your condition of *Chemical Conjunctivitis and Possible Allergic 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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 25 March 2015.

Bilateral Eyes - Chemical Conjunctivitis and Possible Allergic 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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 22 June 2008;
- An operation note by the maxillofacial surgeon, dated 26 June 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 10 March 2009;
- An ophthalmology consultation by the ophthalmologist, dated 14 April 2009;
- An endocrinology consultation and CT orbits by the endocrinologist, dated 9 August 2011;
- A transplant discharge summary by the haematologist, dated 8 November 2012;
- An outpatient health record by the medical officer, dated 22 July 2013;
- A histopathology and operation note by the oculoplastic surgeon, dated 28 January 2015;
- A radiation oncology consultation by the radiation oncologist, dated 2 March 2015;
- An ophthalmology review by the ophthalmologist, dated 23 March 2015;
- A site treatment record by the medical officer, dated 25 March 2015;
- An ophthalmology consultation and microbiology report by the ophthalmologist, dated 26 March 2015;
- An ophthalmology review by the ophthalmologist, dated 7 April 2015;
- A skin-prick testing by the immunologist, dated 18 May 2015;
- A discharge medical examination by the medical officer, dated 20 December 2019.

Your service

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

3 February 1997 and 20 December 2019

Bilateral Eyes - Chemical Conjunctivitis and Possible Allergic 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: Chemical Conjunctivitis and Possible Allergic Conjunctivitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an ophthalmology consultation and microbiology report by the ophthalmologist, dated 26 March 2015.

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 (Balance of Probabilities) (No. 77 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 burning pain, redness, watering, swelling of the eyelids and conjunctiva, a gritty foreign body sensation, itch, sensitivity to light and a sticky discharge in both eyes, worse on the left.After the worsening in April 2015 the pain, light sensitivity and blurred vision in the left eye increased on 25 March 2015.

The diagnosis was confirmed by an ophthalmologist on 26 March 2015 on slit lamp examination, which showed diffuse conjunctival injection and chemosis, areas of conjunctival burn with fluorescein staining, embedded grit under both upper lids and papillae, following documented exposure to sulfur mustard and hypochlorite. This meets the Statement of Principles definition of conjunctivitis as inflammation of the conjunctiva.

After the condition arose, it was worsened during your service. Blepharitis of both eyes persisted and was recorded at the worsening on 7 April 2015. A repeat swab on 7 April 2015 again grew Staphylococcus aureus, present at the worsening. The nasolacrimal duct obstruction, ectropion, exophthalmos and lid retraction were all present at the worsening on 7 April 2015. The dry eye persisted, with a Schirmer test of 2 mm on 7 April 2015, at the worsening. You were again working in the long grass at the site for about seven hours on 6 April 2015, within the 24 hours before the worsening. Graves disease remained active at the worsening on 7 April 2015. Chronic ocular graft versus host disease remained active at the worsening on 7 April 2015. Diabetes mellitus was present, with an HbA1c of 8.2 per cent, at the worsening on 7 April 2015. Chloramphenicol, preserved lubricants and prednisolone acetate drops were applied to both eyes on 05 and 6 April 2015, within the 48 hours before the worsening. Ciclosporin, fluoxetine and diazepam continued daily throughout the seven days before the worsening, from 31 March 2015 to 7 April 2015. Voriconazole was taken daily throughout the seven days before the worsening; the conjunctivitis worsened during therapy (a) and improved within five days of stopping it on 8 April 2015 (b). Within the 24 hours before the worsening, on 6 April 2015, hypochlorite decontaminant vapour and spray again reached both eyes during decontamination of the second shell. On 6 April 2015 a second leaking shell released mustard vapour while you were supervising within the exclusion zone, confirmed by site detection equipment, within the 24 hours before the worsening on 7 April 2015. Grit was again removed from under the left upper lid on 7 April 2015, in contact with the conjunctiva within the 24 hours before the worsening. The second exposure on 6 April 2015 caused further chemical burns with a left corneal epithelial defect, within the 24 hours before the worsening. The same course of radiotherapy was

continuing at the worsening on 7 April 2015. The residual squamous cell carcinoma was still under treatment at the worsening on 7 April 2015. You remained on ciclosporin and prednisolone after stem cell transplantation at the worsening on 7 April 2015. At the disposal site your eyes were irrigated with site water and decontaminated with hypochlorite because sterile saline and eye-safe decontaminant were not available, ophthalmology review was not available until the next day, and you were returned to supervisory duties at the site before the conjunctival burns had healed, leading to the second exposure.

This has then led to further investigations and the diagnosis of your condition of *Chemical Conjunctivitis and Possible Allergic Conjunctivitis (Worsening)*. I have accepted your condition of *Chemical Conjunctivitis and Possible Allergic 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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 7 April 2015.

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.