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 Feet - Tinea Pedis

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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A return to Australia medical examination by the medical officer, dated 26 October 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 1 November 2006;
- A microbiology report by the pathologist, dated 10 November 2006;
- An outpatient health record and microbiology report by the medical officer, dated 14 June 2010;
- A pathology report and consultation by the medical officer, dated 22 March 2012;
- A venous duplex ultrasound by the vascular sonographer, dated 12 August 2015;
- An ankle-brachial index study by the vascular physician, dated 5 April 2017;
- A dermatology consultation by the dermatologist, dated 9 July 2019;
- A role 1 treatment record by the medical officer, Middle East Region, dated 18 August 2020;
- An outpatient health record and microbiology report by the medical officer, dated 1 September 2020;
- A renal medicine consultation by the renal physician, dated 15 September 2020;
- A dermatology consultation by the dermatologist, dated 20 October 2020.

Your service

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

14 February 1995 and 30 June 2022

Bilateral Feet - Tinea Pedis

You have stated that your condition was caused by:

- *having unprotected physical contact with: (a) a person infected with tinea; (b) an animal infected with tinea; (c) objects or surfaces contaminated with dermatophytes; (d) using communal showering or bathing facilities, swimming pool facilities or locker rooms; (e) soil contaminated with dermatophytes; or (f) a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening*

Diagnosis: Tinea Pedis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a microbiology report by the pathologist, dated 10 November 2006.

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

Statement of Principles concerning Tinea (Balance of Probabilities) (No. 56 of 2024)

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

I am satisfied that you have met the following factor:

- *having unprotected physical contact with: (a) a person infected with tinea; (b) an animal infected with tinea; (c) objects or surfaces contaminated with dermatophytes; (d) using communal showering or bathing facilities, swimming pool facilities or locker rooms; (e) soil contaminated with dermatophytes; or (f) a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening*

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 itching, burning and white, soggy, cracked skin between the outer toes of both feet, with fine scaling of the soles and an unpleasant odour on 1 November 2006.

The diagnosis was confirmed by microscopy of skin scrapings showing fungal hyphae and culture growing Trichophyton rubrum on 10 November 2006, and again by culture of scrapings and nail clippings on 1 September 2020. This meets the Statement of Principles definition of tinea as a superficial dermatophyte infection of the skin, hair or nails.

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

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 30 October 2006.

Bilateral Feet - Tinea Pedis (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A return to Australia medical examination by the medical officer, dated 26 October 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 1 November 2006;
- A microbiology report by the pathologist, dated 10 November 2006;
- An outpatient health record and microbiology report by the medical officer, dated 14 June 2010;
- A pathology report and consultation by the medical officer, dated 22 March 2012;
- A venous duplex ultrasound by the vascular sonographer, dated 12 August 2015;
- An ankle-brachial index study by the vascular physician, dated 5 April 2017;
- A dermatology consultation by the dermatologist, dated 9 July 2019;
- A role 1 treatment record by the medical officer, Middle East Region, dated 18 August 2020;
- An outpatient health record and microbiology report by the medical officer, dated 1 September 2020;
- A renal medicine consultation by the renal physician, dated 15 September 2020;
- A dermatology consultation by the dermatologist, dated 20 October 2020.

Your service

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

14 February 1995 and 30 June 2022

Bilateral Feet - Tinea Pedis (Worsening)

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

- *having unprotected physical contact with: (a) a person infected with tinea; (b) an animal infected with tinea; (c) objects or surfaces contaminated with dermatophytes; (d) using communal showering or bathing facilities, swimming pool facilities or locker rooms; (e) soil contaminated with dermatophytes; or (f) a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having skin maceration at the affected site between 2 days and 3 weeks before the clinical worsening*
- *having diabetes mellitus at the time of clinical worsening*
- *having a substantially lowered immune function at the time of clinical worsening due to: (a) human immunodeficiency virus (HIV) infection; (b) glucocorticoids other than inhaled glucocorticoids; (c) solid organ transplant (excluding corneal transplant), stem cell or bone marrow transplantation*
- *having topical glucocorticoid applied at the site of the tinea at the time of clinical worsening*
- *having chronic renal failure at the time of clinical worsening of tinea unguium, as indicated by any of the following; (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking risankizumab and guselkumab at the time of clinical worsening*
- *having peripheral artery disease of the lower limb at the time of clinical worsening of tinea affecting the foot*
- *having chronic venous insufficiency of the lower limb at the time of clinical worsening of tinea unguium of the toes*
- *having varicose veins of the lower limb at the time of clinical worsening of tinea unguium of the toes*
- *inability to obtain appropriate clinical management for tinea before clinical worsening*

Diagnosis: Tinea Pedis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a microbiology report by the pathologist, dated 10 November 2006.

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

Statement of Principles concerning Tinea (Balance of Probabilities) (No. 56 of 2024)

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

I am satisfied that you have met the following factor:

- *having unprotected physical contact with: (a) a person infected with tinea; (b) an animal infected with tinea; (c) objects or surfaces contaminated with dermatophytes; (d) using communal showering or bathing facilities, swimming pool facilities or locker rooms; (e)*

soil contaminated with dermatophytes; or (f) a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening

- *having skin maceration at the affected site between 2 days and 3 weeks before the clinical worsening*
- *having diabetes mellitus at the time of clinical worsening*
- *having a substantially lowered immune function at the time of clinical worsening due to: (a) human immunodeficiency virus (HIV) infection; (b) glucocorticoids other than inhaled glucocorticoids; (c) solid organ transplant (excluding corneal transplant), stem cell or bone marrow transplantation*
- *having topical glucocorticoid applied at the site of the tinea at the time of clinical worsening*
- *having chronic renal failure at the time of clinical worsening of tinea unguium, as indicated by any of the following; (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking risankizumab and guselkumab at the time of clinical worsening*
- *having peripheral artery disease of the lower limb at the time of clinical worsening of tinea affecting the foot*
- *having chronic venous insufficiency of the lower limb at the time of clinical worsening of tinea unguium of the toes*
- *having varicose veins of the lower limb at the time of clinical worsening of tinea unguium of the toes*
- *inability to obtain appropriate clinical management for tinea before clinical worsening*

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 itching, burning and white, soggy, cracked skin between the outer toes of both feet, with fine scaling of the soles and an unpleasant odour on 1 November 2006.

The diagnosis was confirmed by microscopy of skin scrapings showing fungal hyphae and culture growing Trichophyton rubrum on 10 November 2006, and again by culture of scrapings and nail clippings on 1 September 2020. This meets the Statement of Principles definition of tinea as a superficial dermatophyte infection of the skin, hair or nails.

After the condition arose, it was worsened during your service. Between 2 days and 3 weeks before onset, from 9 October 2006 to 28 October 2006, you had unprotected contact with each of the listed sources. The feet were recorded at the role 1 facility on 18 August 2020 as white, soggy and foul-smelling after weeks in sweat-soaked boots, which is skin maceration at the affected site as defined. Type 2 diabetes mellitus was confirmed on 22 March 2012 with an HbA1c of 7.6 per cent, and the HbA1c was 8.4 per cent on 1 September 2020, at the worsening. At the worsening on 1 September 2020 you had substantially lowered immune function due to HIV infection (a), confirmed that day and acquired from a needle-stick injury in March 2020 with a CD4 count of

290 cells per microlitre, and to oral prednisolone 40 mg daily (b), taken since 28 July 2020 for severe asthma. Betamethasone dipropionate ointment, a potent topical glucocorticoid, was applied twice daily to both soles from 9 July 2019 for presumed psoriasis, including the areas later shown to be tinea, and was still being applied at the worsening on 1 September 2020. You have tinea unguium of the toenails. Risankizumab 150 mg was given every 12 weeks from 9 July 2019, the last dose on 2 July 2020 before your deployment duties prevented further injections, and guselkumab 100 mg was given on 24 August 2020 in its place. Ankle-brachial indices of 0.68 on the right and 0.71 on the left on 5 April 2017 confirmed peripheral artery disease of both lower limbs, which was present, with absent foot pulses, at the worsening of the tinea of the feet on 1 September 2020. Venous duplex scanning on 12 August 2015 confirmed chronic venous insufficiency of both lower limbs with great saphenous reflux, and skin changes of venous insufficiency at both ankles were recorded at the worsening of the tinea unguium of the toes on 1 September 2020. Varicose veins of both lower limbs were confirmed on venous duplex scanning on 12 August 2015 and were present at the worsening of the tinea unguium of the toes on 1 September 2020. On warlike service in the Middle East from February to August 2020 you could not dry your feet or change your boots, received only a single tube of antifungal cream, and the tinea of your soles was treated as psoriasis with betamethasone.

This has then led to further investigations and the diagnosis of your condition of *Tinea Pedis (Worsening)*. I have accepted your condition of *Tinea Pedis (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 1 September 2020.

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.