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.

Bronchitis/Chest Infection

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 9 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 October 2025;
- An outpatient health record and spirometry by the medical officer, dated 14 March 2006;
- A gastroscopy report by the gastroenterologist, dated 2 June 2006;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 28 August 2006;
- A unit medical record by the medical officer, Iraq, dated 15 November 2006;
- A respiratory outbreak report by the unit medical officer, Iraq, dated 20 November 2006;
- A unit medical record by the medical officer, Iraq, dated 22 November 2006;
- A chest X-ray and microbiology reports by the coalition role 3 hospital, Iraq, dated 23 November 2006;
- An outpatient health record and spirometry by the medical officer, dated 10 August 2011;
- A field medical record by the medical officer, Afghanistan, dated 14 May 2012;
- A chest X-ray report by Role 2 facility, Afghanistan, dated 15 May 2012;
- A respiratory medicine consultation (spirometry and HRCT chest) by the respiratory physician and radiologist, dated 20 November 2012.

Your service

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

6 February 2005 and 11 November 2018

Bronchitis/Chest Infection

You have stated that your condition was caused by:

- *being in close contact with a person with a viral or bacterial respiratory tract infection, or living in crowded communal accommodation during an outbreak of respiratory tract infection, within the 7 days before the clinical onset of acute bronchitis*
- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical onset of acute bronchitis*
- *being exposed to second-hand smoke in an enclosed space for at least 1 000 hours before the clinical onset of acute bronchitis, where the last exposure occurred within the 3 months before the clinical onset of acute bronchitis*
- *inhaling airborne dusts, smoke from burning waste or oil, diesel exhaust or vehicle fumes within the 7 days before the clinical onset of acute bronchitis*
- *having asthma at the time of the clinical onset of acute bronchitis*
- *having gastro-oesophageal reflux disease at the time of the clinical onset of acute bronchitis*
- *being treated with an immunosuppressive drug, including a systemic corticosteroid, at the time of the clinical onset of acute bronchitis*
- *undertaking prolonged strenuous physical exertion with sleep restricted to less than 4 hours per night for at least 3 consecutive nights within the 7 days before the clinical onset of acute bronchitis*

Diagnosis: Bronchitis/Chest Infection

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 October 2025, and is supported by a unit medical record by the medical officer, Iraq, dated 22 November 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being in close contact with a person with a viral or bacterial respiratory tract infection, or living in crowded communal accommodation during an outbreak of respiratory tract infection, within the 7 days before the clinical onset of acute bronchitis*
- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical onset of acute bronchitis*

- *being exposed to second-hand smoke in an enclosed space for at least 1 000 hours before the clinical onset of acute bronchitis, where the last exposure occurred within the 3 months before the clinical onset of acute bronchitis*
- *inhaling airborne dusts, smoke from burning waste or oil, diesel exhaust or vehicle fumes within the 7 days before the clinical onset of acute bronchitis*
- *having asthma at the time of the clinical onset of acute bronchitis*
- *having gastro-oesophageal reflux disease at the time of the clinical onset of acute bronchitis*
- *being treated with an immunosuppressive drug, including a systemic corticosteroid, at the time of the clinical onset of acute bronchitis*
- *undertaking prolonged strenuous physical exertion with sleep restricted to less than 4 hours per night for at least 3 consecutive nights within the 7 days before the clinical onset of acute bronchitis*

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 harsh cough producing yellow-green sputum, chest tightness, wheeze, fever and fatigue, following three days of a cold, with soreness behind the breastbone on coughing on 22 November 2006.

The diagnosis was made clinically on 22 November 2006 by the unit medical officer, on the basis of an acute productive cough with purulent sputum, wheeze and fever following an upper respiratory infection, with scattered wheezes and coarse crackles that cleared with coughing and no signs of pneumonia. A chest X-ray on 23 November 2006 showed bronchial wall thickening without consolidation, sputum grew Streptococcus pneumoniae and a nasal swab was positive for influenza A.

This has then led to further investigations and the diagnosis of your condition of *Bronchitis/Chest Infection*. I have accepted your condition of *Bronchitis/Chest Infection*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 22 November 2006.

Bronchitis/Chest Infection (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 9 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 October 2025;
- An outpatient health record and spirometry by the medical officer, dated 14 March 2006;
- A gastroscopy report by the gastroenterologist, dated 2 June 2006;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 28 August 2006;
- A unit medical record by the medical officer, Iraq, dated 15 November 2006;
- A respiratory outbreak report by the unit medical officer, Iraq, dated 20 November 2006;
- A unit medical record by the medical officer, Iraq, dated 22 November 2006;
- A chest X-ray and microbiology reports by the coalition role 3 hospital, Iraq, dated 23 November 2006;
- An outpatient health record and spirometry by the medical officer, dated 10 August 2011;
- A field medical record by the medical officer, Afghanistan, dated 14 May 2012;
- A chest X-ray report by Role 2 facility, Afghanistan, dated 15 May 2012;
- A respiratory medicine consultation (spirometry and HRCT chest) by the respiratory physician and radiologist, dated 20 November 2012.

Your service

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

6 February 2005 and 11 November 2018

Bronchitis/Chest Infection (Worsening)

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

- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical worsening of acute bronchitis*

- *inhaling airborne dusts, smoke from burning waste or oil, diesel exhaust or vehicle fumes within the 7 days before the clinical worsening of acute bronchitis*
- *having a viral or bacterial respiratory tract infection at the time of the clinical worsening of acute bronchitis*
- *inability to obtain appropriate clinical management for acute bronchitis*

Diagnosis: Bronchitis/Chest Infection (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 October 2025, and is supported by a unit medical record by the medical officer, Iraq, dated 22 November 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical worsening of acute bronchitis*
- *inhaling airborne dusts, smoke from burning waste or oil, diesel exhaust or vehicle fumes within the 7 days before the clinical worsening of acute bronchitis*
- *having a viral or bacterial respiratory tract infection at the time of the clinical worsening of acute bronchitis*
- *inability to obtain appropriate clinical management for acute bronchitis*

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 harsh cough producing yellow-green sputum, chest tightness, wheeze, fever and fatigue, following three days of a cold, with soreness behind the breastbone on coughing on 22 November 2006.

The diagnosis was made clinically on 22 November 2006 by the unit medical officer, on the basis of an acute productive cough with purulent sputum, wheeze and fever following an upper respiratory infection, with scattered wheezes and coarse crackles that cleared with coughing and no signs of pneumonia. A chest X-ray on 23 November 2006 showed bronchial wall thickening without consolidation, sputum grew Streptococcus pneumoniae and a nasal swab was positive for influenza A.

After the condition arose, it was worsened during your service. You continued to smoke 20 to 30 cigarettes a day, about 10 pack-years by 2012, throughout the year before the worsening, from 14

May 2011 to 14 May 2012, including on warlike service in Afghanistan. In the 7 days before the worsening, from 07 to 14 May 2012, on warlike service in Afghanistan, your accommodation at a forward operating base lay downwind of an open burn pit burning plastics, rubber and human waste, and you conducted mounted patrols in dust and diesel exhaust. A viral respiratory infection was circulating in the base in May 2012, and you developed coryza and sore throat on 11 May 2012. After the onset in Iraq in 2006, smoking cessation support and follow-up spirometry were recommended but not provided before your return to field duties, and you were not referred to a respiratory physician despite three further episodes by 2011.

This has then led to further investigations and the diagnosis of your condition of *Bronchitis/Chest Infection (Worsening)*. I have accepted your condition of *Bronchitis/Chest Infection (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 14 May 2012.

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