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.

Common Cold

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- An enlistment medical examination by the medical officer, dated 10 March 2008;
- A treatment record by the regimental medical officer, Afghanistan, dated 22 December 2010;
- A treatment record and laboratory report by the regimental medical officer and Role 3 laboratory, Afghanistan, dated 19 January 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 July 2014;
- A treatment record and chest X-ray report by the medic and medical officer, Iraq, dated 22 August 2016;
- A specialist consultation and CT sinus report by the ear, nose and throat surgeon and Radiologist, dated 14 March 2017.

Your service

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

10 March 2008 and 22 June 2019

Common Cold

You have stated that your condition was caused by:

- *being in close contact with a person who has a viral upper respiratory tract infection within the 7 days before the clinical onset of the common cold*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room or tent, for at least 7 days within the 14 days before the clinical onset of the common cold*
- *undertaking prolonged strenuous physical exertion within the 7 days before the clinical onset of the common cold*
- *experiencing sleep deprivation, with an average of less than 6 hours of sleep per day, for at least the 3 days before the clinical onset of the common cold*
- *being exposed to cold environmental conditions, with chilling of the body, within the 7 days before the clinical onset of the common cold*
- *experiencing severe psychological stress within the 1 month before the clinical onset of the common cold*
- *smoking tobacco products at the time of the clinical onset of the common cold*
- *taking a systemic corticosteroid in a dose equivalent to at least 20 milligrams of prednisolone per day for at least 7 days within the 30 days before the clinical onset of the common cold*
- *having allergic rhinitis at the time of the clinical onset of the common cold*
- *having vitamin D deficiency, with a serum 25-hydroxyvitamin D level below 50 nmol/L, at the time of the clinical onset of the common cold*
- *being exposed to airborne irritants, including smoke from open burn pits or dust storms, within the 30 days before the clinical onset of the common cold*

Diagnosis: Common Cold

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a treatment record and laboratory report by the regimental medical officer and Role 3 laboratory, Afghanistan, dated 19 January 2011.

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 who has a viral upper respiratory tract infection within the 7 days before the clinical onset of the common cold*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room or tent, for at least 7 days within the 14 days before the clinical onset of the common*

cold

- *undertaking prolonged strenuous physical exertion within the 7 days before the clinical onset of the common cold*
- *experiencing sleep deprivation, with an average of less than 6 hours of sleep per day, for at least the 3 days before the clinical onset of the common cold*
- *being exposed to cold environmental conditions, with chilling of the body, within the 7 days before the clinical onset of the common cold*
- *experiencing severe psychological stress within the 1 month before the clinical onset of the common cold*
- *smoking tobacco products at the time of the clinical onset of the common cold*
- *taking a systemic corticosteroid in a dose equivalent to at least 20 milligrams of prednisolone per day for at least 7 days within the 30 days before the clinical onset of the common cold*
- *having allergic rhinitis at the time of the clinical onset of the common cold*
- *having vitamin D deficiency, with a serum 25-hydroxyvitamin D level below 50 nmol/L, at the time of the clinical onset of the common cold*
- *being exposed to airborne irritants, including smoke from open burn pits or dust storms, within the 30 days before the clinical onset of the common cold*

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 sore throat, sneezing, profuse watery nasal discharge, nasal blockage, a dry cough, malaise and a low-grade fever, lasting 12 days on 19 January 2011.

The diagnosis was made clinically by the regimental medical officer on 19 January 2011 from the typical symptoms of sore throat, sneezing, watery rhinorrhoea, nasal blockage, cough and low-grade fever, and confirmed by a nasopharyngeal swab positive for rhinovirus on multiplex PCR. The recurrent pattern of three to four episodes a year is documented in your health record from 2011 to 2015.

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

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 18 January 2011.

Common Cold (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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- An enlistment medical examination by the medical officer, dated 10 March 2008;
- A treatment record by the regimental medical officer, Afghanistan, dated 22 December 2010;
- A treatment record and laboratory report by the regimental medical officer and Role 3 laboratory, Afghanistan, dated 19 January 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 July 2014;
- A treatment record and chest X-ray report by the medic and medical officer, Iraq, dated 22 August 2016;
- A specialist consultation and CT sinus report by the ear, nose and throat surgeon and Radiologist, dated 14 March 2017.

Your service

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

10 March 2008 and 22 June 2019

Common Cold (Worsening)

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

- *being in close contact with persons who have viral upper respiratory tract infections, in crowded communal accommodation, within the 14 days before the clinical worsening of the common cold*
- *undertaking prolonged strenuous physical exertion or sleep deprivation within the 7 days before the clinical worsening of the common cold*
- *being exposed to airborne irritants, including smoke from open burn pits or dust storms, within the 30 days before the clinical worsening of the common cold*

- *smoking tobacco products at the time of the clinical worsening of the common cold*
- *inability to obtain appropriate clinical management for the common cold*

Diagnosis: Common Cold (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a treatment record and laboratory report by the regimental medical officer and Role 3 laboratory, Afghanistan, dated 19 January 2011.

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 persons who have viral upper respiratory tract infections, in crowded communal accommodation, within the 14 days before the clinical worsening of the common cold*
- *undertaking prolonged strenuous physical exertion or sleep deprivation within the 7 days before the clinical worsening of the common cold*
- *being exposed to airborne irritants, including smoke from open burn pits or dust storms, within the 30 days before the clinical worsening of the common cold*
- *smoking tobacco products at the time of the clinical worsening of the common cold*
- *inability to obtain appropriate clinical management for the common cold*

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 sore throat, sneezing, profuse watery nasal discharge, nasal blockage, a dry cough, malaise and a low-grade fever, lasting 12 days on 19 January 2011.

The diagnosis was made clinically by the regimental medical officer on 19 January 2011 from the typical symptoms of sore throat, sneezing, watery rhinorrhoea, nasal blockage, cough and low-grade fever, and confirmed by a nasopharyngeal swab positive for rhinovirus on multiplex PCR. The recurrent pattern of three to four episodes a year is documented in your health record from 2011 to 2015.

After the condition arose, it was worsened during your service. On warlike service in Iraq you lived in 40-person accommodation and in the two weeks before 22 August 2016 several colleagues in your section had colds. In the week before 22 August 2016 you worked 14-hour shifts on warlike service in Iraq and slept about five hours a day. Throughout July and August

2016 your base in Iraq was affected by repeated dust storms and smoke from a nearby burn pit, within the 30 days before the worsening of 22 August 2016. You continued to smoke 15 cigarettes a day on warlike service in Iraq in 2016, recorded on 22 August 2016 and again on 14 March 2017. In August 2016 on warlike service in Iraq you could not rest or be isolated, continued 14-hour shifts and waited nine days for medical officer review while the cold progressed to bacterial sinusitis.

This has then led to further investigations and the diagnosis of your condition of *Common Cold (Worsening)*. I have accepted your condition of *Common Cold (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 22 August 2016.

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