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.

COVID-19

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 11 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 September 2025;
- A pre-deployment medical examination by the medical officer, dated 14 October 2021;
- An outbreak notification and contact tracing record by the deployed preventive medicine officer, Middle East Area of Operations, dated 28 January 2022;
- A deployed health record and SARS-CoV-2 PCR report by the medical officer, role 1 facility, dated 31 January 2022;
- A deployed health record and chest X-ray report by the medical officer, role 1 facility, dated 6 February 2022;
- An admission and discharge summary by the coalition role 3 hospital, dated 10 February 2022;
- A CT pulmonary angiogram report by the radiologist, dated 14 February 2022;
- An aeromedical evacuation record and admission notes by the military health facility, dated 25 February 2022;
- Respiratory consultation (lung function tests and HRCT report) by the respiratory physician, dated 18 August 2022;
- A respiratory review (lung function and cardiopulmonary exercise test) by the respiratory physician, dated 14 March 2023;
- A medical discharge documentation by the medical officer, dated 12 July 2024.

Your service

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

7 March 2005 and 12 July 2024

COVID-19

You have stated that your condition was caused by:

- *being exposed to SARS-CoV-2 as specified within the 14 days before the clinical onset of coronavirus disease 2019 (COVID-19)*

Diagnosis: COVID-19

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 September 2025, and is supported by a deployed health record and SARS-CoV-2 PCR report by the medical officer, role 1 facility, dated 31 January 2022.

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

Statement of Principles concerning Coronavirus Disease 2019 (COVID-19) (Reasonable Hypothesis) (No. 46 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 SARS-CoV-2 as specified within the 14 days before the clinical onset of coronavirus disease 2019 (COVID-19)*

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 fever, chills, sore throat, dry cough, headache, generalised muscle aches and loss of taste and smell on 31 January 2022.

The diagnosis was confirmed by a nasopharyngeal PCR test positive for SARS-CoV-2 on 31 January 2022, together with a positive rapid antigen test and a typical illness of fever, cough, sore throat, myalgia and new loss of taste and smell. This meets the Statement of Principles definition of coronavirus disease 2019 (COVID-19) as an illness caused by infection with SARS-CoV-2.

This has then led to further investigations and the diagnosis of your condition of *COVID-19*. I have accepted your condition of *COVID-19*.

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 31 January 2022.

COVID-19 (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 11 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 September 2025;
- A pre-deployment medical examination by the medical officer, dated 14 October 2021;
- An outbreak notification and contact tracing record by the deployed preventive medicine officer, Middle East Area of Operations, dated 28 January 2022;
- A deployed health record and SARS-CoV-2 PCR report by the medical officer, role 1 facility, dated 31 January 2022;
- A deployed health record and chest X-ray report by the medical officer, role 1 facility, dated 6 February 2022;
- An admission and discharge summary by the coalition role 3 hospital, dated 10 February 2022;
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- A medical discharge documentation by the medical officer, dated 12 July 2024.

Your service

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

7 March 2005 and 12 July 2024

COVID-19 (Worsening)

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

- *inability to obtain appropriate clinical management for coronavirus disease 2019 (COVID-19)*

Diagnosis: COVID-19 (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 September 2025, and is supported by a deployed health record and SARS-CoV-2 PCR report by the medical officer, role 1 facility, dated 31 January 2022.

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

Statement of Principles concerning Coronavirus Disease 2019 (COVID-19) (Reasonable Hypothesis) (No. 46 of 2020)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for coronavirus disease 2019 (COVID-19)*

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 fever, chills, sore throat, dry cough, headache, generalised muscle aches and loss of taste and smell on 31 January 2022.

The diagnosis was confirmed by a nasopharyngeal PCR test positive for SARS-CoV-2 on 31 January 2022, together with a positive rapid antigen test and a typical illness of fever, cough, sore throat, myalgia and new loss of taste and smell. This meets the Statement of Principles definition of coronavirus disease 2019 (COVID-19) as an illness caused by infection with SARS-CoV-2.

After the condition arose, it was worsened during your service. On warlike service, no antiviral therapy was available at the deployed role 1 facility when your illness progressed to pneumonia on 6 February 2022, and your aeromedical transfer was delayed for four days by pandemic transport restrictions and the operational tempo.

This has then led to further investigations and the diagnosis of your condition of *COVID-19 (Worsening)*. I have accepted your condition of *COVID-19 (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 6 February 2022.

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