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.

Dry Eye Syndrome

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 16 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 16 April 2025;
- An optometry assessment and contact lens fitting by the RAAF optometrist, dated 24 March 2003;
- A refractive surgery report by the ophthalmic surgeon, dated 16 October 2006;
- A post-operative review by the ophthalmic surgeon, dated 18 April 2007;
- An outpatient health record by the medical officer, dated 12 December 2007;
- A treatment record by the medical officer, Middle East Area of Operations, dated 14 April 2008;
- A specialist consultation by the ophthalmologist, dated 30 June 2008;
- A treatment record by the medical officer, Middle East Area of Operations, dated 20 November 2011;
- A specialist consultation by the ophthalmologist, dated 2 February 2012;
- An aviation medicine review and discharge medical examination by the senior medical officer, dated 31 March 2016.

Your service

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

15 January 2001 and 31 March 2016

Dry Eye Syndrome

You have stated that your condition was caused by:

- *being exposed to a low-humidity, windy or dusty environment for a cumulative period of at least 1 month within the 3 months before the clinical onset of dry eye syndrome*
- *using a visual display terminal for an average of at least 4 hours per day for at least 6 months before the clinical onset of dry eye syndrome*
- *being exposed to aircraft cabin air with a relative humidity of less than 20 per cent for a cumulative period of at least 500 hours before the clinical onset of dry eye syndrome*
- *wearing contact lenses for at least 1 year within the 5 years before the clinical onset of dry eye syndrome*
- *undergoing refractive surgery, including photorefractive keratectomy or laser in situ keratomileusis, within the 2 years before the clinical onset of dry eye syndrome*
- *taking a medication with anticholinergic or drying effects, including an antihistamine or a tricyclic antidepressant, for at least 4 weeks within the 3 months before the clinical onset of dry eye syndrome*
- *having meibomian gland dysfunction or posterior blepharitis at the time of the clinical onset of dry eye syndrome*
- *having allergic conjunctivitis at the time of the clinical onset of dry eye syndrome*
- *being exposed to smoke or airborne chemical irritants, including smoke from open burn pits, for a cumulative period of at least 100 hours within the 1 year before the clinical onset of dry eye syndrome*
- *smoking tobacco products at the time of the clinical onset of dry eye syndrome*
- *undertaking night or rotating shift work, with disruption of normal sleep, for at least 6 months before the clinical onset of dry eye syndrome*

Diagnosis: Dry Eye Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 16 April 2025, and is supported by a specialist consultation by the ophthalmologist, dated 30 June 2008.

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 exposed to a low-humidity, windy or dusty environment for a cumulative period of at least 1 month within the 3 months before the clinical onset of dry eye syndrome*
- *using a visual display terminal for an average of at least 4 hours per day for at least 6 months before the clinical onset of dry eye syndrome*
- *being exposed to aircraft cabin air with a relative humidity of less than 20 per cent for a cumulative period of at least 500 hours before the clinical onset of dry eye syndrome*
- *wearing contact lenses for at least 1 year within the 5 years before the clinical onset of dry eye syndrome*
- *undergoing refractive surgery, including photorefractive keratectomy or laser in situ keratomileusis, within the 2 years before the clinical onset of dry eye syndrome*
- *taking a medication with anticholinergic or drying effects, including an antihistamine or a tricyclic antidepressant, for at least 4 weeks within the 3 months before the clinical onset of dry eye syndrome*
- *having meibomian gland dysfunction or posterior blepharitis at the time of the clinical onset of dry eye syndrome*
- *having allergic conjunctivitis at the time of the clinical onset of dry eye syndrome*
- *being exposed to smoke or airborne chemical irritants, including smoke from open burn pits, for a cumulative period of at least 100 hours within the 1 year before the clinical onset of dry eye syndrome*
- *smoking tobacco products at the time of the clinical onset of dry eye syndrome*
- *undertaking night or rotating shift work, with disruption of normal sleep, for at least 6 months before the clinical onset of dry eye syndrome*

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 gritty, burning, red eyes with a foreign body sensation and fluctuating blurred vision that cleared with blinking, worse at the end of long sorties, in wind and in air-conditioning on 14 April 2008.

The diagnosis was made by an ophthalmologist on 30 June 2008 on the basis of typical symptoms and objective signs in both eyes: a Schirmer test of 5 mm and 4 mm at 5 minutes, tear break-up time of 4 seconds, corneal fluorescein staining Oxford grade 2 and an OSDI score of 38, with meibomian gland dysfunction and posterior blepharitis on slit-lamp examination. This meets the accepted diagnostic criteria for dry eye disease.

This has then led to further investigations and the diagnosis of your condition of *Dry Eye Syndrome*. I have accepted your condition of *Dry Eye Syndrome*.

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 14 April 2008.

Dry Eye Syndrome (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 16 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 16 April 2025;
- An optometry assessment and contact lens fitting by the RAAF optometrist, dated 24 March 2003;
- A refractive surgery report by the ophthalmic surgeon, dated 16 October 2006;
- A post-operative review by the ophthalmic surgeon, dated 18 April 2007;
- An outpatient health record by the medical officer, dated 12 December 2007;
- A treatment record by the medical officer, Middle East Area of Operations, dated 14 April 2008;
- A specialist consultation by the ophthalmologist, dated 30 June 2008;
- A treatment record by the medical officer, Middle East Area of Operations, dated 20 November 2011;
- A specialist consultation by the ophthalmologist, dated 2 February 2012;
- An aviation medicine review and discharge medical examination by the senior medical officer, dated 31 March 2016.

Your service

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

15 January 2001 and 31 March 2016

Dry Eye Syndrome (Worsening)

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

- *being exposed to a low-humidity, windy or dusty environment for a cumulative period of at least 1 month within the 3 months before the clinical worsening of dry eye syndrome*
- *being exposed to aircraft cabin air with a relative humidity of less than 20 per cent, or using a visual display terminal for an average of at least 4 hours per day, for at least 1 month before the clinical worsening of dry eye syndrome*

- *taking a medication with anticholinergic or drying effects for at least 4 weeks within the 3 months before the clinical worsening of dry eye syndrome*
- *being exposed to smoke or airborne chemical irritants, including smoke from open burn pits, within the 3 months before the clinical worsening of dry eye syndrome*
- *inability to obtain appropriate clinical management for dry eye syndrome*

Diagnosis: Dry Eye Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 16 April 2025, and is supported by a specialist consultation by the ophthalmologist, dated 30 June 2008.

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 exposed to a low-humidity, windy or dusty environment for a cumulative period of at least 1 month within the 3 months before the clinical worsening of dry eye syndrome*
- *being exposed to aircraft cabin air with a relative humidity of less than 20 per cent, or using a visual display terminal for an average of at least 4 hours per day, for at least 1 month before the clinical worsening of dry eye syndrome*
- *taking a medication with anticholinergic or drying effects for at least 4 weeks within the 3 months before the clinical worsening of dry eye syndrome*
- *being exposed to smoke or airborne chemical irritants, including smoke from open burn pits, within the 3 months before the clinical worsening of dry eye syndrome*
- *inability to obtain appropriate clinical management for dry eye syndrome*

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 gritty, burning, red eyes with a foreign body sensation and fluctuating blurred vision that cleared with blinking, worse at the end of long sorties, in wind and in air-conditioning on 14 April 2008.

The diagnosis was made by an ophthalmologist on 30 June 2008 on the basis of typical symptoms and objective signs in both eyes: a Schirmer test of 5 mm and 4 mm at 5 minutes, tear break-up time of 4 seconds, corneal fluorescein staining Oxford grade 2 and an OSDI score of 38, with meibomian gland dysfunction and posterior blepharitis on slit-lamp examination. This meets the accepted diagnostic criteria for dry eye disease.

After the condition arose, it was worsened during your service. From 5 July 2011 you were again at the desert base on warlike service, continuously for the 3 months before the worsening that presented on 20 November 2011, through the hottest and dustiest months. On the 2011 deployment you flew 12-hour sorties on sensor displays in dry cabin air four to five times a week, about 450 hours from July to November 2011. You continued amitriptyline 25 mg at night and cetirizine 10 mg daily throughout 2011, including the 3 months before the worsening. Burn-pit smoke again reached the accommodation most evenings from July to November 2011 on warlike service, and you continued to smoke about 15 cigarettes a day. On warlike service in 2011 your preservative-free lubricants ran out in September and were not resupplied for six weeks, and no ophthalmologist was available in theatre; punctal plugs and ciclosporin were not started until February 2012.

This has then led to further investigations and the diagnosis of your condition of *Dry Eye Syndrome (Worsening)*. I have accepted your condition of *Dry Eye Syndrome (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 5 July 2011.

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