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.

Eye - Blepharitis (Slight)

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- An outpatient health record by the medical officer, East Timor, dated 14 February 2000;
- A dermatology consultation and histopathology report by the dermatologist, dated 9 September 2002;
- An inpatient record and serology report by Role 3 hospital, Iraq, dated 18 November 2004;
- A dermatology consultation by the dermatologist, dated 1 February 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 21 April 2006;
- An ophthalmology consultation by the ophthalmologist, dated 19 March 2007;
- A histopathology report by the pathologist, dated 2 June 2007;
- MRI orbits by the radiologist, dated 14 June 2007;
- A radiotherapy planning record by the radiation oncologist, dated 20 July 2007;
- An outpatient health record and microbiology report by the medical officer, Garrison health centre, dated 3 August 2007;
- An ophthalmology consultation by the ophthalmologist, dated 10 August 2007;
- A patch testing report by the dermatologist, dated 12 October 2007;
- A post-release medical assessment by the medical officer, Afghanistan, dated 23 September 2010;
- An ophthalmology consultation by the ophthalmologist, dated 2 October 2010;
- A histopathology report by the pathologist, dated 7 October 2013;
- An ophthalmology consultation by the ophthalmologist, dated 30 October 2013.

Your service

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

20 January 1995 and 15 March 2016

Eye - Blepharitis (Slight)

You have stated that your condition was caused by:

- *having an infection of the affected eyelid at the time of the clinical onset of blepharitis*
- *having an infestation of the affected eyelid region, due to a parasite from the specified list of parasites, at the time of the clinical onset of blepharitis*
- *having a smallpox immunisation within the two weeks before the clinical onset of blepharitis*
- *having seborrhoeic dermatitis of the periocular region at the time of the clinical onset of blepharitis*
- *having rosacea of the periocular region at the time of the clinical onset of blepharitis*
- *having psoriasis of the periocular region at the time of the clinical onset of blepharitis*
- *having discoid lupus erythematosus of the periocular region at the time of the clinical onset of blepharitis*
- *having ocular or periocular exposure to an allergen within the 48 hours before the clinical onset of blepharitis*
- *having an irritant substance exposure to the region of the affected eye at the time of the clinical onset of blepharitis*
- *having mustard gas exposure to the region of the affected eye at the time of the clinical onset of blepharitis*
- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical onset of blepharitis*
- *having a benign or malignant neoplasm affecting the affected eyelid at the time of the clinical onset of blepharitis*
- *having dry eye disease at the time of the clinical onset of blepharitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of blepharitis*
- *taking oral isotretinoin or oral acitretin for a continuous period of at least one year before the clinical onset of blepharitis, and where treatment has ceased, the clinical onset of blepharitis has occurred within 30 days of cessation*

Diagnosis: Blepharitis (Slight)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an ophthalmology consultation by the

ophthalmologist, dated 10 August 2007.

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

Statement of Principles concerning Blepharitis (Balance of Probabilities) (No. 30 of 2019)

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

I am satisfied that you have met the following factor:

- *having an infection of the affected eyelid at the time of the clinical onset of blepharitis*
- *having an infestation of the affected eyelid region, due to a parasite from the specified list of parasites, at the time of the clinical onset of blepharitis*
- *having a smallpox immunisation within the two weeks before the clinical onset of blepharitis*
- *having seborrhoeic dermatitis of the periocular region at the time of the clinical onset of blepharitis*
- *having rosacea of the periocular region at the time of the clinical onset of blepharitis*
- *having psoriasis of the periocular region at the time of the clinical onset of blepharitis*
- *having discoid lupus erythematosus of the periocular region at the time of the clinical onset of blepharitis*
- *having ocular or periocular exposure to an allergen within the 48 hours before the clinical onset of blepharitis*
- *having an irritant substance exposure to the region of the affected eye at the time of the clinical onset of blepharitis*
- *having mustard gas exposure to the region of the affected eye at the time of the clinical onset of blepharitis*
- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical onset of blepharitis*
- *having a benign or malignant neoplasm affecting the affected eyelid at the time of the clinical onset of blepharitis*
- *having dry eye disease at the time of the clinical onset of blepharitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of blepharitis*
- *taking oral isotretinoin or oral acitretin for a continuous period of at least one year before the clinical onset of blepharitis, and where treatment has ceased, the clinical onset of blepharitis has occurred within 30 days of cessation*

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 itch, burning and redness of the right eyelid margin,

crusting and matting of the right lashes on waking, a gritty sensation and mild tearing on 3 August 2007.

The diagnosis was made by an ophthalmologist on 10 August 2007 on slit lamp examination, which showed hyperaemia and thickening of the right upper and lower lid margins, collarettes and cylindrical dandruff at the lash bases, crusting and mild lid oedema, without corneal involvement. This meets the Statement of Principles definition of blepharitis as inflammation of the eyelid margins or glands of the eyelid.

This has then led to further investigations and the diagnosis of your condition of *Blepharitis (Slight)*. I have accepted your condition of *Blepharitis (Slight)*.

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 2 August 2007.

Eye - Blepharitis (Slight) (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- An outpatient health record by the medical officer, East Timor, dated 14 February 2000;
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- An inpatient record and serology report by Role 3 hospital, Iraq, dated 18 November 2004;
- A dermatology consultation by the dermatologist, dated 1 February 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 21 April 2006;
- An ophthalmology consultation by the ophthalmologist, dated 19 March 2007;
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- An ophthalmology consultation by the ophthalmologist, dated 10 August 2007;
- A patch testing report by the dermatologist, dated 12 October 2007;
- A post-release medical assessment by the medical officer, Afghanistan, dated 23 September 2010;
- An ophthalmology consultation by the ophthalmologist, dated 2 October 2010;
- A histopathology report by the pathologist, dated 7 October 2013;
- An ophthalmology consultation by the ophthalmologist, dated 30 October 2013.

Your service

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

20 January 1995 and 15 March 2016

Eye - Blepharitis (Slight) (Worsening)

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

- *being a prisoner of war at the time of the clinical worsening of blepharitis*
- *having an infection of the affected eyelid at the time of the clinical worsening of blepharitis*
- *having an infestation of the affected eyelid region, due to a parasite from the specified list of parasites, at the time of the clinical worsening of blepharitis*
- *having seborrhoeic dermatitis of the periocular region at the time of the clinical worsening of blepharitis*
- *having rosacea of the periocular region at the time of the clinical worsening of blepharitis*
- *having psoriasis of the periocular region at the time of the clinical worsening of blepharitis*
- *having discoid lupus erythematosus of the periocular region at the time of the clinical worsening of blepharitis*
- *having ocular or periocular exposure to an allergen within the 48 hours before the clinical worsening of blepharitis*
- *having an irritant substance exposure to the region of the affected eye at the time of the clinical worsening of blepharitis*
- *having mustard gas exposure to the region of the affected eye at the time of the clinical worsening of blepharitis*
- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical worsening of blepharitis*
- *having a benign or malignant neoplasm affecting the affected eyelid at the time of the clinical worsening of blepharitis*
- *having dry eye disease at the time of the clinical worsening of blepharitis*
- *having diabetes mellitus at the time of the clinical worsening of blepharitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of blepharitis*
- *inability to obtain appropriate clinical management for blepharitis*

Diagnosis: Blepharitis (Slight) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an ophthalmology consultation by the ophthalmologist, dated 10 August 2007.

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

Statement of Principles concerning Blepharitis (Reasonable Hypothesis) (No. 29 of 2019)

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

I am satisfied that you have met the following factor:

- *being a prisoner of war at the time of the clinical worsening of blepharitis*
- *having an infection of the affected eyelid at the time of the clinical worsening of blepharitis*
- *having an infestation of the affected eyelid region, due to a parasite from the specified list of parasites, at the time of the clinical worsening of blepharitis*
- *having seborrhoeic dermatitis of the periocular region at the time of the clinical worsening of blepharitis*
- *having rosacea of the periocular region at the time of the clinical worsening of blepharitis*
- *having psoriasis of the periocular region at the time of the clinical worsening of blepharitis*
- *having discoid lupus erythematosus of the periocular region at the time of the clinical worsening of blepharitis*
- *having ocular or periocular exposure to an allergen within the 48 hours before the clinical worsening of blepharitis*
- *having an irritant substance exposure to the region of the affected eye at the time of the clinical worsening of blepharitis*
- *having mustard gas exposure to the region of the affected eye at the time of the clinical worsening of blepharitis*
- *undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation, at the time of the clinical worsening of blepharitis*
- *having a benign or malignant neoplasm affecting the affected eyelid at the time of the clinical worsening of blepharitis*
- *having dry eye disease at the time of the clinical worsening of blepharitis*
- *having diabetes mellitus at the time of the clinical worsening of blepharitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of blepharitis*
- *inability to obtain appropriate clinical management for blepharitis*

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 itch, burning and redness of the right eyelid margin, crusting and matting of the right lashes on waking, a gritty sensation and mild tearing on 3 August 2007.

The diagnosis was made by an ophthalmologist on 10 August 2007 on slit lamp examination, which showed hyperaemia and thickening of the right upper and lower lid margins, collarettes and cylindrical dandruff at the lash bases, crusting and mild lid oedema, without corneal involvement. This meets the Statement of Principles definition of blepharitis as inflammation of the eyelid margins or glands of the eyelid.

After the condition arose, it was worsened during your service. You were a prisoner of war of insurgents from 14 to 23 September 2010 during warlike service in Afghanistan, held in a dark,

smoke-filled room without washing water. Staphylococcus aureus lid infection with a right upper lid hordeolum was recorded on 23 September 2010, acquired during captivity on warlike service in Afghanistan, at the time of the worsening. Phthirus pubis lice on the right lashes were found on 23 September 2010, acquired in crowded captivity on warlike service in Afghanistan, and were present at the worsening. Periocular seborrhoeic dermatitis, which began on warlike service in East Timor, was florid at the worsening on 23 September 2010 after nine days without washing in captivity in Afghanistan. Periocular rosacea, which began on warlike service in East Timor, was active at the worsening documented on 23 September 2010 on warlike service in Afghanistan. Psoriatic plaques of both upper eyelids were present at the worsening on 23 September 2010, during warlike service in Afghanistan, and were recorded on review on 2 October 2010. Discoid lupus erythematosus of the right periocular skin, which began after tropical sun exposure on warlike service in East Timor, was active at both worsenings, on 23 September 2010 and 30 October 2013. The pyrethrum insecticide powder dusted on your face by your captors on 20 September 2010, during warlike service in Afghanistan, was a contact allergen applied within 48 hours of the worsening on 21 September 2010. Kerosene applied to your lashes by your captors on 21 September 2010, during warlike service in Afghanistan, was an irritant exposure to the region of the right eye at the worsening. The mustard vapour exposure of 29 October 2013 occurred while you destroyed a legacy chemical projectile using the procedures you had applied on warlike service in Iraq, and it affected the right eye region at the second worsening on 30 October 2013. The second radiotherapy course, on 28 and 30 October 2013 with the right eye region in the field, treated relapse of the lymphoma linked to Chlamydia psittaci acquired on warlike service in Iraq, and was under way at the second worsening. The relapsed right eyelid lymphoma, confirmed on 7 October 2013 and linked to infection acquired on warlike service in Iraq, was present at the second worsening on 30 October 2013. Dry eye disease, caused by isotretinoin for rosacea that began on warlike service in East Timor, was present at both worsenings, with a Schirmer test of 3 mm on 2 October 2010. Type 2 diabetes mellitus, which developed after your return from warlike service in Iraq, was present and poorly controlled (HbA1c 8.9 per cent) at the worsening on 23 September 2010 and at the second worsening. At the second worsening on 30 October 2013 you had relapsed lymphoma linked to your warlike service in Iraq and was receiving rituximab, and at the first worsening you had severe malnutrition after nine days of near-starvation in captivity on warlike service in Afghanistan. During captivity on warlike service in Afghanistan from 14 to 23 September 2010 you could obtain no lid hygiene, lubricants, antibiotics or medical care, and the blepharitis worsened.

This has then led to further investigations and the diagnosis of your condition of *Blepharitis (Slight) (Worsening)*. I have accepted your condition of *Blepharitis (Slight) (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 21 September 2010.

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