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 - Conjunctivitis (follicular)

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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- An outpatient health record and air monitoring report by the medical officer, Iraq, dated 20 November 2006;
- An endocrinology and ophthalmology consultations by the endocrinologist and ophthalmologist, dated 3 February 2009;
- MRI orbits by the radiologist, dated 3 February 2009;
- A haematology consultation and bone marrow report by the haematologist, dated 8 September 2014;
- A transplant discharge summary by the haematologist, dated 12 March 2015;
- A transplant clinic letter by the haematologist, dated 19 April 2016;
- A dacryocystography by the radiologist, dated 22 November 2016;
- A histopathology report by the pathologist, dated 18 July 2017;
- A radiotherapy planning record by the radiation oncologist, dated 25 July 2017;
- An ophthalmology review by the ophthalmologist, dated 29 August 2017;
- An incident report by the base safety officer, dated 4 September 2017;
- An outpatient health record and microbiology report by the medical officer, Garrison health centre, dated 5 September 2017;
- An ophthalmology consultation by the ophthalmologist, dated 7 September 2017;
- An ophthalmology consultation by the ophthalmologist, dated 11 September 2017;
- An ophthalmology review by the ophthalmologist, dated 9 October 2017.

Your service

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

15 January 2001 and 30 April 2019

Eye - Conjunctivitis (follicular)

You have stated that your condition was caused by:

- *having blepharitis of the affected eye at the time of the clinical onset of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical onset of conjunctivitis*
- *having a condition of the affected eye from the specified list of conditions at the time of the clinical onset of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical onset of conjunctivitis*
- *having an autoimmune disease at the time of the clinical onset of conjunctivitis*
- *having graft versus host disease at the time of the clinical onset of conjunctivitis*
- *having diabetes mellitus at the time of the clinical onset of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical onset of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical onset of conjunctivitis*
- *taking a drug which is associated in the individual with the development of conjunctivitis during drug therapy and either: (a) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; or (b) the redevelopment of conjunctivitis on rechallenge with the same drug; where treatment with the drug continued for at least the seven days before the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical onset of conjunctivitis*
- *having mustard gas exposure to the affected eye within the 24 hours before the clinical onset of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical onset of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical onset of conjunctivitis*
- *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 conjunctivitis*

- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical onset of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of conjunctivitis*

Diagnosis: Conjunctivitis (follicular)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by an ophthalmology consultation by the ophthalmologist, dated 11 September 2017.

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

Statement of Principles concerning Conjunctivitis (Balance of Probabilities) (No. 77 of 2020)

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

I am satisfied that you have met the following factor:

- *having blepharitis of the affected eye at the time of the clinical onset of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical onset of conjunctivitis*
- *having a condition of the affected eye from the specified list of conditions at the time of the clinical onset of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical onset of conjunctivitis*
- *having an autoimmune disease at the time of the clinical onset of conjunctivitis*
- *having graft versus host disease at the time of the clinical onset of conjunctivitis*
- *having diabetes mellitus at the time of the clinical onset of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical onset of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical onset of conjunctivitis*
- *taking a drug which is associated in the individual with the development of conjunctivitis during drug therapy and either: (a) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; or (b) the redevelopment of conjunctivitis on rechallenge with the same drug; where treatment with the drug continued for at least the seven days before the clinical onset of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical onset of conjunctivitis*

- *having mustard gas exposure to the affected eye within the 24 hours before the clinical onset of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical onset of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical onset of conjunctivitis*
- *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 conjunctivitis*
- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical onset of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical onset of conjunctivitis*

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 redness, watering, grittiness and a foreign body sensation of the right eye, with mild light sensitivity, crusting of the lashes in the morning and a tender lump in front of the right ear on 5 September 2017.

The diagnosis was made by an ophthalmologist on 11 September 2017 on slit lamp examination, which showed diffuse injection of the right conjunctiva with prominent follicles in the inferior fornix and tarsal conjunctiva, watery discharge, a resolving pseudomembrane, subepithelial infiltrates and a tender preauricular lymph node. This meets the Statement of Principles definition of conjunctivitis as inflammation of the conjunctiva.

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

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 5 September 2017.

Eye - Conjunctivitis (follicular) (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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- An outpatient health record and air monitoring report by the medical officer, Iraq, dated 20 November 2006;
- An endocrinology and ophthalmology consultations by the endocrinologist and ophthalmologist, dated 3 February 2009;
- MRI orbits by the radiologist, dated 3 February 2009;
- A haematology consultation and bone marrow report by the haematologist, dated 8 September 2014;
- A transplant discharge summary by the haematologist, dated 12 March 2015;
- A transplant clinic letter by the haematologist, dated 19 April 2016;
- A dacryocystography by the radiologist, dated 22 November 2016;
- A histopathology report by the pathologist, dated 18 July 2017;
- A radiotherapy planning record by the radiation oncologist, dated 25 July 2017;
- An ophthalmology review by the ophthalmologist, dated 29 August 2017;
- An incident report by the base safety officer, dated 4 September 2017;
- An outpatient health record and microbiology report by the medical officer, Garrison health centre, dated 5 September 2017;
- An ophthalmology consultation by the ophthalmologist, dated 7 September 2017;
- An ophthalmology consultation by the ophthalmologist, dated 11 September 2017;
- An ophthalmology review by the ophthalmologist, dated 9 October 2017.

Your service

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

15 January 2001 and 30 April 2019

Eye - Conjunctivitis (follicular) (Worsening)

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

- *having blepharitis of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having a condition of the affected eye from the specified list of conditions at the time of the clinical worsening of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical worsening of conjunctivitis*
- *having an autoimmune disease at the time of the clinical worsening of conjunctivitis*
- *having graft versus host disease at the time of the clinical worsening of conjunctivitis*
- *having diabetes mellitus at the time of the clinical worsening of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical worsening of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical worsening of conjunctivitis*
- *taking a drug which is associated in the individual with: (a) the worsening of conjunctivitis during drug therapy; and (b) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; where treatment with the drug continued for at least the seven days before the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical worsening of conjunctivitis*
- *having mustard gas exposure to the affected eye within the 24 hours before the clinical worsening of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical worsening of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical worsening of conjunctivitis*
- *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 conjunctivitis*
- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical worsening of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of conjunctivitis*
- *inability to obtain appropriate clinical management for conjunctivitis*

Diagnosis: Conjunctivitis (follicular) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by an ophthalmology consultation by the ophthalmologist, dated 11 September 2017.

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

Statement of Principles concerning Conjunctivitis (Balance of Probabilities) (No. 77 of 2020)

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

I am satisfied that you have met the following factor:

- *having blepharitis of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having an infection of the conjunctiva of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having a condition of the affected eye from the specified list of conditions at the time of the clinical worsening of conjunctivitis*
- *having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye at the time of the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an allergen within the 24 hours before the clinical worsening of conjunctivitis*
- *having an autoimmune disease at the time of the clinical worsening of conjunctivitis*
- *having graft versus host disease at the time of the clinical worsening of conjunctivitis*
- *having diabetes mellitus at the time of the clinical worsening of conjunctivitis*
- *having topical medication applied to the affected eye within the 48 hours before the clinical worsening of conjunctivitis*
- *taking a drug from the specified list of drugs for at least the seven days before the clinical worsening of conjunctivitis*
- *taking a drug which is associated in the individual with: (a) the worsening of conjunctivitis during drug therapy; and (b) the improvement of conjunctivitis within seven days of discontinuing or tapering drug therapy; where treatment with the drug continued for at least the seven days before the clinical worsening of conjunctivitis*
- *having ocular or periocular exposure to an irritant substance within the 24 hours before the clinical worsening of conjunctivitis*
- *having mustard gas exposure to the affected eye within the 24 hours before the clinical worsening of conjunctivitis*
- *having a foreign body in contact with the affected conjunctiva within the 24 hours before the clinical worsening of conjunctivitis*
- *having an injury to the conjunctiva of the affected eye within the 24 hours before the clinical worsening of conjunctivitis*

- *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 conjunctivitis*
- *having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye at the time of the clinical worsening of conjunctivitis*
- *being in an immunocompromised state as specified at the time of the clinical worsening of conjunctivitis*
- *inability to obtain appropriate clinical management for conjunctivitis*

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 redness, watering, grittiness and a foreign body sensation of the right eye, with mild light sensitivity, crusting of the lashes in the morning and a tender lump in front of the right ear on 5 September 2017.

The diagnosis was made by an ophthalmologist on 11 September 2017 on slit lamp examination, which showed diffuse injection of the right conjunctiva with prominent follicles in the inferior fornix and tarsal conjunctiva, watery discharge, a resolving pseudomembrane, subepithelial infiltrates and a tender preauricular lymph node. This meets the Statement of Principles definition of conjunctivitis as inflammation of the conjunctiva.

After the condition arose, it was worsened during your service. Right posterior blepharitis from ocular graft versus host disease persisted and was recorded at the worsening on 7 September 2017. Repeat swabs on 7 September 2017 confirmed persisting adenovirus and grew Staphylococcus aureus as a secondary bacterial infection of the right conjunctiva at the worsening. Right nasolacrimal duct obstruction and right lid retraction with exophthalmos were present at the worsening on 7 September 2017. Severe dry eye from ocular graft versus host disease, a condition causing chronic lack of lubrication and moisture of the eye surface, was present at the worsening on 7 September 2017. On 6 September 2017 you again spent several hours outdoors on grassed parkland, with a ryegrass pollen count recorded as extreme, within the 24 hours before the worsening on 7 September 2017. Graves disease remained active at the worsening on 7 September 2017, with a raised free T4 on 6 September 2017. Chronic graft versus host disease remained active at the worsening on 7 September 2017. Steroid-induced diabetes mellitus was present at the worsening on 7 September 2017, with a blood glucose of 14.2 mmol/L recorded that day. Chloramphenicol 0.5 per cent eye drops, preserved with benzalkonium chloride, were applied to the right eye from 5 September 2017, within the 48 hours before the worsening on 7 September 2017. Cyclosporine and fluoxetine, both on the specified list of drugs, continued throughout the seven days before the worsening on 7 September 2017. The conjunctivitis worsened on 7 September 2017 while you were taking oral voriconazole, which had continued for more than seven days, and it improved within five days of the drug being withheld on 20 September 2017, as documented by the ophthalmologist. On 6 September 2017 the benzalkonium chloride preservative in the chloramphenicol drops, and residual hypochlorite on your uniform when you re-entered the building, caused irritant exposure of the right eye within the 24 hours before the worsening. On 6 September 2017 you re-entered

your office, before it had been cleared, to recover medication, and was exposed to residual mustard vapour, within the 24 hours before the worsening on 7 September 2017. A bandage contact lens was placed on the right eye on 6 September 2017, a foreign body in contact with the right conjunctiva within the 24 hours before the worsening. On 6 September 2017 an adherent pseudomembrane was peeled from the right tarsal conjunctiva, leaving a bleeding conjunctival surface, an injury to the conjunctiva within the 24 hours before the worsening. The electron beam radiotherapy course, with the right eye region in the field, continued until 8 September 2017 and was under way at the worsening on 7 September 2017. The right conjunctival squamous cell carcinoma was still present and under treatment at the worsening on 7 September 2017. You remained on cyclosporine and prednisolone, with an active malignancy, at the worsening on 7 September 2017, an immunocompromised state as specified. Because of the base lockdown after the mustard incident you could not attend your ophthalmology review on 6 September 2017, and your immunosuppressed state meant the usual topical steroid treatment could not be used.

This has then led to further investigations and the diagnosis of your condition of *Conjunctivitis (follicular) (Worsening)*. I have accepted your condition of *Conjunctivitis (follicular) (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 7 September 2017.

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.