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.

Eyelids - Sunburn

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 23 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- An outpatient health record by the medical officer, Afghanistan, dated 22 June 2009;
- A dermatology consultation by the dermatologist, dated 14 December 2009;
- A pre-deployment health screening by the medical officer, Garrison health centre, dated 25 March 2012;
- A regimental aid post record by the medical officer, Afghanistan, dated 10 July 2012;
- A patrol report by the infantry company headquarters, dated 12 July 2012;
- A regimental aid post record by the medical officer, Afghanistan, dated 13 July 2012;
- A role 2 treatment record and microbiology report by the medical officer, Afghanistan, dated 15 July 2012;
- A dermatology consultation and patch testing report by the dermatologist, dated 20 September 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2014.

Your service

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

14 July 2006 and 20 November 2016

Eyelids - Sunburn

You have stated that your condition was caused by:

- *being exposed to solar ultraviolet radiation on unprotected eyelid skin for at least 2 hours within the 24 hours before the clinical onset of sunburn of the eyelids*
- *being exposed to ultraviolet radiation reflected from sand, snow, water or light-coloured concrete for at least 1 hour within the 24 hours before the clinical onset of sunburn of the eyelids*
- *being at an altitude of at least 1,500 metres while exposed to solar ultraviolet radiation within the 24 hours before the clinical onset of sunburn of the eyelids*
- *taking a photosensitising antimicrobial drug, such as doxycycline, for at least the 3 days before the clinical onset of sunburn of the eyelids*
- *taking a second photosensitising drug, such as a fluoroquinolone antibiotic or a nonsteroidal anti-inflammatory drug, within the 7 days before the clinical onset of sunburn of the eyelids*
- *applying a topical retinoid or exfoliating agent to the facial skin within the 7 days before the clinical onset of sunburn of the eyelids*
- *having skin contact with a plant or substance containing furocoumarins, such as fig sap or lime juice, within the 48 hours before the clinical onset of sunburn of the eyelids*
- *being exposed to artificial ultraviolet radiation, such as from electric arc welding, on unprotected eyelid skin within the 24 hours before the clinical onset of sunburn of the eyelids*
- *being unable to use sunscreen, a brimmed hat or close-fitting sunglasses over the eyelid region for at least 2 hours of solar exposure within the 24 hours before the clinical onset of sunburn of the eyelids*
- *having a photosensitive skin disorder, such as polymorphic light eruption, at the time of the clinical onset of sunburn of the eyelids*

Diagnosis: Sunburn

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by a regimental aid post record by the medical officer, Afghanistan, dated 13 July 2012.

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 solar ultraviolet radiation on unprotected eyelid skin for at least 2 hours within the 24 hours before the clinical onset of sunburn of the eyelids*
- *being exposed to ultraviolet radiation reflected from sand, snow, water or light-coloured concrete for at least 1 hour within the 24 hours before the clinical onset of sunburn of the eyelids*
- *being at an altitude of at least 1,500 metres while exposed to solar ultraviolet radiation within the 24 hours before the clinical onset of sunburn of the eyelids*
- *taking a photosensitising antimicrobial drug, such as doxycycline, for at least the 3 days before the clinical onset of sunburn of the eyelids*
- *taking a second photosensitising drug, such as a fluoroquinolone antibiotic or a nonsteroidal anti-inflammatory drug, within the 7 days before the clinical onset of sunburn of the eyelids*
- *applying a topical retinoid or exfoliating agent to the facial skin within the 7 days before the clinical onset of sunburn of the eyelids*
- *having skin contact with a plant or substance containing furocoumarins, such as fig sap or lime juice, within the 48 hours before the clinical onset of sunburn of the eyelids*
- *being exposed to artificial ultraviolet radiation, such as from electric arc welding, on unprotected eyelid skin within the 24 hours before the clinical onset of sunburn of the eyelids*
- *being unable to use sunscreen, a brimmed hat or close-fitting sunglasses over the eyelid region for at least 2 hours of solar exposure within the 24 hours before the clinical onset of sunburn of the eyelids*
- *having a photosensitive skin disorder, such as polymorphic light eruption, at the time of the clinical onset of sunburn of the eyelids*

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 burning pain, tightness and swelling of both upper and lower eyelids, redness sharply demarcated at the frame of your glasses, watering and difficulty opening the eyes fully in the morning on 13 July 2012.

The diagnosis was made clinically by the medical officer on 13 July 2012: confluent, tender erythema and oedema of both upper and lower eyelids, sharply demarcated at the frame of your glasses and confined to sun-exposed skin, within 24 hours of documented intense ultraviolet exposure. This is the typical presentation of sunburn.

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

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 12 July 2012.

Eyelids - Sunburn (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 23 April 2025;
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- A dermatology consultation and patch testing report by the dermatologist, dated 20 September 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2014.

Your service

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

14 July 2006 and 20 November 2016

Eyelids - Sunburn (Worsening)

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

- *being further exposed to solar ultraviolet radiation on the affected eyelids for at least 1 hour after the clinical onset and within the 48 hours before the clinical worsening of sunburn of the eyelids*
- *taking a photosensitising drug at the time of the clinical worsening of sunburn of the eyelids*

- *having a secondary bacterial infection of the sunburnt eyelid skin at the time of the clinical worsening of sunburn of the eyelids*
- *applying a topical sensitiser or irritant, such as a benzocaine spray, to the sunburnt eyelids within the 48 hours before the clinical worsening of sunburn of the eyelids*
- *inability to obtain appropriate clinical management for sunburn of the eyelids*

Diagnosis: Sunburn (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by a regimental aid post record by the medical officer, Afghanistan, dated 13 July 2012.

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 further exposed to solar ultraviolet radiation on the affected eyelids for at least 1 hour after the clinical onset and within the 48 hours before the clinical worsening of sunburn of the eyelids*
- *taking a photosensitising drug at the time of the clinical worsening of sunburn of the eyelids*
- *having a secondary bacterial infection of the sunburnt eyelid skin at the time of the clinical worsening of sunburn of the eyelids*
- *applying a topical sensitiser or irritant, such as a benzocaine spray, to the sunburnt eyelids within the 48 hours before the clinical worsening of sunburn of the eyelids*
- *inability to obtain appropriate clinical management for sunburn of the eyelids*

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 burning pain, tightness and swelling of both upper and lower eyelids, redness sharply demarcated at the frame of your glasses, watering and difficulty opening the eyes fully in the morning on 13 July 2012.

The diagnosis was made clinically by the medical officer on 13 July 2012: confluent, tender erythema and oedema of both upper and lower eyelids, sharply demarcated at the frame of your glasses and confined to sun-exposed skin, within 24 hours of documented intense ultraviolet exposure. This is the typical presentation of sunburn.

After the condition arose, it was worsened during your service. Because the section could not be relieved, you were returned to the observation post on 14 July 2012 for five hours in direct and reflected sun at 2,150 metres, within the 48 hours before the worsening documented on 15 July 2012. Doxycycline 100 mg daily, required for malaria prophylaxis on operations, was continued and was being taken at the worsening on 15 July 2012. On 15 July 2012 the ruptured blisters on both upper eyelids showed honey-coloured crusting, and a swab grew Staphylococcus aureus, a secondary impetiginisation of the burnt skin present at the worsening. On 13 and 14 July 2012 you used a benzocaine sunburn relief spray from the patrol base canteen on your face and eyelids. After your first presentation on 13 July 2012 you were advised to stay out of the sun and use cool compresses and emollient, but the tactical situation prevented your withdrawal from duties, no shade or sunscreen was available at the observation post, and the planned evacuation for review was cancelled because of enemy activity.

This has then led to further investigations and the diagnosis of your condition of *Sunburn (Worsening)*. I have accepted your condition of *Sunburn (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 15 July 2012.

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