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.

Folliculitis - Generalised

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A ship's medical record by the medical officer, Middle East, dated 18 May 2006;
- An outpatient health record by the medical officer, Garrison health centre, dated 16 March 2009;
- A pre-deployment medical examination by the medical officer, dated 15 January 2010;
- A ship's medical record and microbiology screening report by the medical officer, Middle East, dated 20 March 2010;
- A ship's medical record by the medical officer, Middle East, dated 21 April 2010;
- A ship's medical record and microbiology report by the medical officer, Middle East, dated 28 April 2010;
- A ship's medical record and procedure note by the medical officer, Middle East, dated 22 June 2010;
- A dermatology consultation by the dermatologist, dated 5 August 2010;
- A dermatology review by the dermatologist, dated 11 November 2013.

Your service

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

8 February 2002 and 30 June 2017

Folliculitis - Generalised

You have stated that your condition was caused by:

- *wearing occlusive clothing or protective equipment over the affected skin for at least 8 hours a day, on at least 5 days a week, for at least the 4 weeks before the clinical onset of folliculitis*
- *working in a hot and humid environment, with heavy sweating, for at least 4 hours a day for at least the 4 weeks before the clinical onset of folliculitis*
- *having skin contact with mineral oil, lubricating oil, hydraulic fluid or fuel oil on the affected skin on most working days for at least the 4 weeks before the clinical onset of folliculitis*
- *being colonised or infected with Staphylococcus aureus at the time of the clinical onset of folliculitis*
- *being immersed in inadequately disinfected spa, hot tub or swimming pool water within the 72 hours before the clinical onset of folliculitis*
- *taking a systemic corticosteroid for at least 7 days within the 4 weeks before the clinical onset of folliculitis*
- *taking a broad-spectrum antibiotic for at least 14 days within the 4 weeks before the clinical onset of folliculitis*
- *having diabetes mellitus at the time of the clinical onset of folliculitis*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of folliculitis*
- *wet shaving or depilating the affected hair-bearing skin at least 5 times a week for at least the 4 weeks before the clinical onset of folliculitis*

Diagnosis: Generalised

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a ship's medical record and microbiology report by the medical officer, Middle East, dated 28 April 2010.

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:

- *wearing occlusive clothing or protective equipment over the affected skin for at least 8 hours a day, on at least 5 days a week, for at least the 4 weeks before the clinical onset of*

folliculitis

- *working in a hot and humid environment, with heavy sweating, for at least 4 hours a day for at least the 4 weeks before the clinical onset of folliculitis*
- *having skin contact with mineral oil, lubricating oil, hydraulic fluid or fuel oil on the affected skin on most working days for at least the 4 weeks before the clinical onset of folliculitis*
- *being colonised or infected with Staphylococcus aureus at the time of the clinical onset of folliculitis*
- *being immersed in inadequately disinfected spa, hot tub or swimming pool water within the 72 hours before the clinical onset of folliculitis*
- *taking a systemic corticosteroid for at least 7 days within the 4 weeks before the clinical onset of folliculitis*
- *taking a broad-spectrum antibiotic for at least 14 days within the 4 weeks before the clinical onset of folliculitis*
- *having diabetes mellitus at the time of the clinical onset of folliculitis*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of folliculitis*
- *wet shaving or depilating the affected hair-bearing skin at least 5 times a week for at least the 4 weeks before the clinical onset of folliculitis*

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 widespread itchy and tender red papules and pustules centred on hair follicles over the chest, back, buttocks, thighs, forearms and beard area, worse under your coveralls and after watches in the heat on 28 April 2010.

The diagnosis was made clinically by the ship's medical officer on 28 April 2010, with numerous discrete follicular papules and pustules, each pierced by a hair, on the chest, back, buttocks, thighs, forearms and beard area. The involvement of multiple body regions makes it generalised folliculitis.

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

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 27 April 2010.

Folliculitis - Generalised (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A ship's medical record by the medical officer, Middle East, dated 18 May 2006;
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- A ship's medical record and microbiology report by the medical officer, Middle East, dated 28 April 2010;
- A ship's medical record and procedure note by the medical officer, Middle East, dated 22 June 2010;
- A dermatology consultation by the dermatologist, dated 5 August 2010;
- A dermatology review by the dermatologist, dated 11 November 2013.

Your service

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

8 February 2002 and 30 June 2017

Folliculitis - Generalised (Worsening)

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

- *continuing to wear occlusive clothing or protective equipment in a hot and humid environment for at least the 2 weeks before the clinical worsening of folliculitis*
- *continuing skin contact with mineral oil, lubricating oil or hydraulic fluid for at least the 2 weeks before the clinical worsening of folliculitis*
- *taking a systemic corticosteroid at the time of the clinical worsening of folliculitis*

- *having a Staphylococcus aureus skin infection at the time of the clinical worsening of folliculitis*
- *inability to obtain appropriate clinical management for folliculitis*

Diagnosis: Generalised (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a ship's medical record and microbiology report by the medical officer, Middle East, dated 28 April 2010.

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:

- *continuing to wear occlusive clothing or protective equipment in a hot and humid environment for at least the 2 weeks before the clinical worsening of folliculitis*
- *continuing skin contact with mineral oil, lubricating oil or hydraulic fluid for at least the 2 weeks before the clinical worsening of folliculitis*
- *taking a systemic corticosteroid at the time of the clinical worsening of folliculitis*
- *having a Staphylococcus aureus skin infection at the time of the clinical worsening of folliculitis*
- *inability to obtain appropriate clinical management for folliculitis*

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 widespread itchy and tender red papules and pustules centred on hair follicles over the chest, back, buttocks, thighs, forearms and beard area, worse under your coveralls and after watches in the heat on 28 April 2010.

The diagnosis was made clinically by the ship's medical officer on 28 April 2010, with numerous discrete follicular papules and pustules, each pierced by a hair, on the chest, back, buttocks, thighs, forearms and beard area. The involvement of multiple body regions makes it generalised folliculitis.

After the condition arose, it was worsened during your service. The ship remained on task in the Gulf, and you continued 12-hour engine room watches in coveralls at temperatures above 40 degrees Celsius throughout the 2 weeks before the worsening documented on 22 June 2010, from 08 to 22 June 2010. Your duties servicing generators and lubrication systems continued daily, with oil-soaked coveralls, throughout the 2 weeks before the worsening on 22 June 2010. A

second course of prednisolone 50 mg daily was started on 15 June 2010 for a further asthma exacerbation and was being taken at the worsening on 22 June 2010. On 22 June 2010 the folliculitis had progressed to deep furunculosis with three abscesses on the buttocks and thighs, which were incised and drained by the ship's medical officer. At sea in the Gulf from April to August 2010 you could not stop wearing occlusive coveralls or avoid heat and oil, could not shower or change clothing as often as advised because of water and laundry restrictions, and could not see a dermatologist or receive MRSA decolonisation with clean linen.

This has then led to further investigations and the diagnosis of your condition of *Generalised (Worsening)*. I have accepted your condition of *Generalised (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 22 June 2010.

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