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.

Heat - Related Rash (Miliaria)

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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A dermatology consultation by the dermatologist, dated 14 August 2006;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 18 October 2006;
- An admission record and NS1 antigen result by the contingent medical facility, Solomon Islands, dated 13 November 2006;
- An outpatient treatment record by the contingent medical officer, Solomon Islands, dated 22 November 2006;
- An outpatient health record by the medical officer, Garrison health centre, northern Australia, dated 14 February 2008;
- A patrol base treatment record and skin swab by the medical officer, Afghanistan, dated 28 July 2010;
- A dermatology consultation and sweat test by the dermatologist, role 3 facility, dated 16 September 2010;
- An outpatient health record and specialist letter by the medical officer and dermatologist, dated 3 March 2016.

Your service

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

3 March 2003 and 25 July 2017

Heat - Related Rash (Miliaria)

You have stated that your condition was caused by:

- *being exposed to a hot and humid environment, with an ambient temperature of at least 30 degrees Celsius and a relative humidity of at least 60 per cent, for at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *arriving in a hot climate from a temperate climate, without heat acclimatisation, within the 4 weeks before the clinical onset of miliaria*
- *wearing occlusive clothing, body armour or protective equipment over the affected site for at least 4 hours per day on at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *undertaking physical exertion that causes profuse sweating, for at least 1 hour per day on at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *having a febrile illness, with a temperature of at least 38 degrees Celsius, within the 7 days before the clinical onset of miliaria*
- *having occlusive dressings, adhesive tape, adhesive electrodes, transdermal patches or a cast applied to the affected site within the 7 days before the clinical onset of miliaria*
- *applying occlusive topical preparations, such as heavy emollients, petrolatum, sunscreen or insect repellent, to the affected site on at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *taking a drug known to cause miliaria, such as isotretinoin, bethanechol or doxorubicin, within the 4 weeks before the clinical onset of miliaria*
- *having sunburn or another disruption of the stratum corneum at the affected site within the 2 weeks before the clinical onset of miliaria*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of miliaria*
- *being confined to bed or lying recumbent in a hot environment for at least 2 days within the 7 days before the clinical onset of miliaria*

Diagnosis: Related Rash (Miliaria)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an outpatient treatment record by the contingent medical officer, Solomon Islands, dated 22 November 2006.

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 hot and humid environment, with an ambient temperature of at least 30 degrees Celsius and a relative humidity of at least 60 per cent, for at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *arriving in a hot climate from a temperate climate, without heat acclimatisation, within the 4 weeks before the clinical onset of miliaria*
- *wearing occlusive clothing, body armour or protective equipment over the affected site for at least 4 hours per day on at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *undertaking physical exertion that causes profuse sweating, for at least 1 hour per day on at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *having a febrile illness, with a temperature of at least 38 degrees Celsius, within the 7 days before the clinical onset of miliaria*
- *having occlusive dressings, adhesive tape, adhesive electrodes, transdermal patches or a cast applied to the affected site within the 7 days before the clinical onset of miliaria*
- *applying occlusive topical preparations, such as heavy emollients, petrolatum, sunscreen or insect repellent, to the affected site on at least 3 days within the 2 weeks before the clinical onset of miliaria*
- *taking a drug known to cause miliaria, such as isotretinoin, bethanechol or doxorubicin, within the 4 weeks before the clinical onset of miliaria*
- *having sunburn or another disruption of the stratum corneum at the affected site within the 2 weeks before the clinical onset of miliaria*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of miliaria*
- *being confined to bed or lying recumbent in a hot environment for at least 2 days within the 7 days before the clinical onset of miliaria*

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 an intensely itchy, prickling and burning rash of small red bumps and tiny blisters on the neck, upper chest, upper back and flanks, worse with sweating and at night, which disturbed your sleep and made wearing body armour painful.After onset the rash recurred with every period of heat on 22 November 2006.

The diagnosis was made clinically by the medical officer on 22 November 2006 on the typical appearance of numerous discrete, non-follicular red papules and papulovesicles confined to the occluded skin under your body armour and collar, with intense prickling itch, after heat exposure and sweating. Folliculitis, contact dermatitis and drug eruption were considered and excluded by the distribution and the rapid response to cooling.

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

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 21 November 2006.

Heat - Related Rash (Miliaria) (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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
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- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 18 October 2006;
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- A dermatology consultation and sweat test by the dermatologist, role 3 facility, dated 16 September 2010;
- An outpatient health record and specialist letter by the medical officer and dermatologist, dated 3 March 2016.

Your service

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

3 March 2003 and 25 July 2017

Heat - Related Rash (Miliaria) (Worsening)

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

- *being exposed to an environment with an ambient temperature of at least 32 degrees Celsius for at least 7 days within the 2 weeks before the clinical worsening of miliaria*

- *wearing occlusive clothing, body armour or protective equipment over the affected site for at least 4 hours per day on at least 7 days within the 2 weeks before the clinical worsening of miliaria*
- *having repeated friction from equipment, webbing, straps or slings over the affected site for at least 4 hours per day within the 2 weeks before the clinical worsening of miliaria*
- *having a secondary bacterial infection of the skin at the affected site at the time of the clinical worsening of miliaria*
- *inability to obtain appropriate clinical management for miliaria*

Diagnosis: Related Rash (Miliaria) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an outpatient treatment record by the contingent medical officer, Solomon Islands, dated 22 November 2006.

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 an environment with an ambient temperature of at least 32 degrees Celsius for at least 7 days within the 2 weeks before the clinical worsening of miliaria*
- *wearing occlusive clothing, body armour or protective equipment over the affected site for at least 4 hours per day on at least 7 days within the 2 weeks before the clinical worsening of miliaria*
- *having repeated friction from equipment, webbing, straps or slings over the affected site for at least 4 hours per day within the 2 weeks before the clinical worsening of miliaria*
- *having a secondary bacterial infection of the skin at the affected site at the time of the clinical worsening of miliaria*
- *inability to obtain appropriate clinical management for miliaria*

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 an intensely itchy, prickling and burning rash of small red bumps and tiny blisters on the neck, upper chest, upper back and flanks, worse with sweating and at night, which disturbed your sleep and made wearing body armour painful.After onset the rash recurred with every period of heat on 22 November 2006.

The diagnosis was made clinically by the medical officer on 22 November 2006 on the typical appearance of numerous discrete, non-follicular red papules and papulovesicles confined to the

occluded skin under your body armour and collar, with intense prickling itch, after heat exposure and sweating. Folliculitis, contact dermatitis and drug eruption were considered and excluded by the distribution and the rapid response to cooling.

After the condition arose, it was worsened during your service. During warlike service in Afghanistan you worked at a patrol base in Uruzgan Province where daytime temperatures were 38 to 46 degrees every day from 14 July to 28 July 2010. From 14 July to 28 July 2010, during warlike service in Afghanistan, you wore combat uniform, a ballistic vest with plates, a helmet and webbing for 10 to 14 hours a day on route security and detainee escort tasks, on all 14 days within the 2 weeks before the worsening. The shoulder straps of your ballistic vest, your webbing yoke and your rifle sling rubbed across the upper back, shoulders and neck for 10 to 14 hours a day throughout the 2 weeks before the worsening, from 14 July to 28 July 2010, during warlike service in Afghanistan. On 28 July 2010 the rash had become pustular over the upper back and flanks, and a swab grew Staphylococcus aureus. From 15 July 2010, when you first reported a recurrence of the rash to the patrol base medic, until 28 July 2010, you could not be removed from heat, body armour or duties, could not obtain a cool environment or laundered cotton clothing, and had no access to a medical officer or dermatologist, during warlike service in Afghanistan.

This has then led to further investigations and the diagnosis of your condition of *Related Rash (Miliaria) (Worsening)*. I have accepted your condition of *Related Rash (Miliaria) (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 28 July 2010.

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.