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.

Left 5th Finger - Warts

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 30 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 July 2025;
- A colonoscopy and gastroenterology consultation by the gastroenterologist, dated 18 June 2010;
- A pre-deployment medical examination by the medical officer, dated 22 September 2011;
- A ship's medical record by the medical sailor, dated 20 March 2012;
- A colposcopy report by the gynaecologist, dated 18 June 2012;
- An operation and histopathology report by the ear, nose and throat surgeon, dated 18 June 2012;
- A specialist consultation by the dermatologist, dated 2 July 2012;
- A ship's medical record by the medical officer, dated 10 July 2013;
- A specialist consultation by the dermatologist, dated 14 November 2013;
- A medical employment classification review by the senior medical officer, dated 21 March 2017.

Your service

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

12 January 2006 and 8 August 2017

Left 5th Finger - Warts

You have stated that your condition was caused by:

- *having direct physical contact with another person's cutaneous warts, within the 20 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 20 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 20 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 20 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 20 months before the clinical onset of warts*
- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 20 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

Diagnosis: Warts

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 July 2025, and is supported by a ship's medical record by the medical sailor, dated 20 March 2012.

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

Statement of Principles concerning Warts (Reasonable Hypothesis) (No. 7 of 2023)

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

I am satisfied that you have met the following factor:

- *having direct physical contact with another person's cutaneous warts, within the 20 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 20 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 20 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 20 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 20 months before the clinical onset of warts*

- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 20 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

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 rough, raised lumps on the back and side of the left little finger, which caught on gloves and cloths and bled when knocked on 20 March 2012.

The diagnosis was made clinically by the ship's medical sailor on 20 March 2012 and confirmed by a dermatologist on 2 July 2012: rough, raised, hyperkeratotic papules on the dorsal and lateral left little finger with pinpoint black thrombosed capillaries on paring and interruption of the skin lines, the typical appearance of common warts. The tonsillar papilloma excised in June 2012 was confirmed histologically as an HPV type 6 squamous papilloma, and the cervical and anogenital condylomata were confirmed on colposcopy.

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

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 wartime service.

I have therefore accepted that this condition is related to your service with effect from 15 March 2012.

Left 5th Finger - Warts (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 30 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 July 2025;
- A colonoscopy and gastroenterology consultation by the gastroenterologist, dated 18 June 2010;
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- A ship's medical record by the medical officer, dated 10 July 2013;
- A specialist consultation by the dermatologist, dated 14 November 2013;
- A medical employment classification review by the senior medical officer, dated 21 March 2017.

Your service

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

12 January 2006 and 8 August 2017

Left 5th Finger - Warts (Worsening)

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

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

Diagnosis: Warts (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 July 2025, and is supported by a ship's medical record by the medical sailor, dated 20 March 2012.

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

Statement of Principles concerning Warts (Reasonable Hypothesis) (No. 7 of 2023)

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

I am satisfied that you have met the following factor:

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

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 rough, raised lumps on the back and side of the left little finger, which caught on gloves and cloths and bled when knocked on 20 March 2012.

The diagnosis was made clinically by the ship's medical sailor on 20 March 2012 and confirmed by a dermatologist on 2 July 2012: rough, raised, hyperkeratotic papules on the dorsal and lateral left little finger with pinpoint black thrombosed capillaries on paring and interruption of the skin lines, the typical appearance of common warts. The tonsillar papilloma excised in June 2012 was confirmed histologically as an HPV type 6 squamous papilloma, and the cervical and anogenital condylomata were confirmed on colposcopy.

After the condition arose, it was worsened during your service. At the worsening documented on 10 July 2013 on warlike service in the Middle East, you were taking azathioprine 150 mg daily and prednisolone 40 mg daily, both immunosuppressive drugs. On warlike service at sea from March to May 2012, and from June to September 2013, cryotherapy and dermatology review were not available, and only salicylic acid paint could be issued.

This has then led to further investigations and the diagnosis of your condition of *Warts (Worsening)*. I have accepted your condition of *Warts (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 10 July 2013.

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