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 Arm - 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 17 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 10 January 2012;
- A stool culture and outpatient record by the medical officer, Role 1 health facility, Afghanistan, dated 26 April 2012;
- A physician consultation by Role 2 physician, Afghanistan, dated 22 May 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 25 July 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 29 August 2012;
- A sexual health consultation and colposcopy by the sexual health physician, dated 18 October 2012;
- An operation note and histopathology report by the ear, nose and throat surgeon, dated 7 November 2012;
- A dermatology consultation and histopathology report by the dermatologist, dated 12 December 2012;
- A rheumatology consultation by the rheumatologist, dated 9 November 2015;
- An outpatient health record by the medical officer, Role 2 facility, Middle East, dated 28 June 2016;
- A dermatology consultation and procedure note by the dermatologist, dated 14 September 2016.

Your service

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

2 July 2007 and 15 November 2021

Left Arm - 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 17 April 2025, and is supported by a dermatology consultation and histopathology report by the dermatologist, dated 12 December 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, painless lesions on the back of the left forearm that caught on your sleeves and bled when you knocked them against kitchen equipment, with similar lesions on the left hand and a painful plantar wart on the left heel that made standing for long kitchen shifts uncomfortable on 29 August 2012.

The diagnosis was confirmed by a dermatologist on 12 December 2012. A shave biopsy of a left forearm lesion showed papillomatosis, hyperkeratosis, hypergranulosis and koilocytes, the histological hallmarks of human papillomavirus infection, consistent with verruca vulgaris. This meets the Statement of Principles definition of warts as abnormal benign hyperplastic lesions of the skin caused by human papillomavirus infection, and none of the exclusions (seborrhoeic keratosis, skin cancer, keratoacanthoma or skin tags) applies.

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 22 August 2012.

Left Arm - 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 17 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 10 January 2012;
- A stool culture and outpatient record by the medical officer, Role 1 health facility, Afghanistan, dated 26 April 2012;
- A physician consultation by Role 2 physician, Afghanistan, dated 22 May 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 25 July 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 29 August 2012;
- A sexual health consultation and colposcopy by the sexual health physician, dated 18 October 2012;
- An operation note and histopathology report by the ear, nose and throat surgeon, dated 7 November 2012;
- A dermatology consultation and histopathology report by the dermatologist, dated 12 December 2012;
- A rheumatology consultation by the rheumatologist, dated 9 November 2015;
- An outpatient health record by the medical officer, Role 2 facility, Middle East, dated 28 June 2016;
- A dermatology consultation and procedure note by the dermatologist, dated 14 September 2016.

Your service

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

2 July 2007 and 15 November 2021

Left Arm - 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 17 April 2025, and is supported by a dermatology consultation and histopathology report by the dermatologist, dated 12 December 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, painless lesions on the back of the left forearm that caught on your sleeves and bled when you knocked them against kitchen equipment, with similar lesions on the left hand and a painful plantar wart on the left heel that made standing for long kitchen shifts uncomfortable on 29 August 2012.

The diagnosis was confirmed by a dermatologist on 12 December 2012. A shave biopsy of a left forearm lesion showed papillomatosis, hyperkeratosis, hypergranulosis and koilocytes, the histological hallmarks of human papillomavirus infection, consistent with verruca vulgaris. This meets the Statement of Principles definition of warts as abnormal benign hyperplastic lesions of the skin caused by human papillomavirus infection, and none of the exclusions (seborrhoeic keratosis, skin cancer, keratoacanthoma or skin tags) applies.

After the condition arose, it was worsened during your service. During warlike service in the Middle East you were taking methotrexate 20 mg weekly and prednisolone 15 mg daily for chronic reactive arthritis arising from your 2012 deployment. On warlike service in Afghanistan in 2012 and in the Middle East in 2016, cryotherapy and specialist dermatology care were not available in theatre.

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 28 June 2016.

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.