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 Infraorbital Region - Actinic Keratosis

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 11 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 June 2025;
- A regimental aid post record by the medical orderly, Malaya, dated 2 September 1941;
- A regimental aid post record by the medical orderly, Malaya, dated 15 October 1941;
- A prisoner of war camp medical notes by the prisoner medical officer, Burma-Thailand Railway, dated 1 October 1942;
- A discharge medical examination by the medical officer, dated 14 March 1946;
- A dermatology treatment record by the dermatologist, Repatriation general hospital, dated 4 August 1965;
- A dermatology treatment summary by the dermatologist, Repatriation general hospital, dated 18 May 1967;
- A renal transplant operation report by the transplant surgeon, dated 16 June 1969;
- A transplant skin surveillance review by the dermatologist, dated 3 July 1972;
- A regimental aid post record by the medical officer, Field workshop unit, dated 21 November 1972;
- A dermatology consultation and histopathology report by the dermatologist and pathologist, dated 9 October 1973;
- A skin surveillance review by the dermatologist, dated 18 September 2024.

Your service

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

12 May 1941 and 31 January 1974

Left Infraorbital Region - Actinic Keratosis

You have stated that your condition was caused by:

- *having sunlight exposure to unprotected skin at the affected site for a cumulative period of at least 4,500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of solar keratosis*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of solar keratosis*
- *having PUVA therapy involving the affected site where: (a) the first PUVA treatment commenced at least 5 years before the clinical onset of solar keratosis; and (b) at least 50 PUVA treatments were administered before the clinical onset of solar keratosis*
- *taking hydroxyurea or voriconazole for at least the 3 months before the clinical onset of solar keratosis*

Diagnosis: Actinic Keratosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 June 2025, and is supported by a regimental aid post record by the medical officer, Field workshop unit, dated 21 November 1972.

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

Statement of Principles concerning Solar Keratosis (Balance of Probabilities) (No. 80 of 2021)

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

I am satisfied that you have met the following factor:

- *having sunlight exposure to unprotected skin at the affected site for a cumulative period of at least 4,500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of solar keratosis*
- *undergoing organ or tissue transplantation, excluding corneal transplant, before the clinical onset of solar keratosis*
- *having PUVA therapy involving the affected site where: (a) the first PUVA treatment commenced at least 5 years before the clinical onset of solar keratosis; and (b) at least 50 PUVA treatments were administered before the clinical onset of solar keratosis*
- *taking hydroxyurea or voriconazole for at least the 3 months before the clinical onset of solar keratosis*

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 a rough, scaly spot beneath your left eye that caught on your fingers when washing and shaving, with occasional stinging in the sun on 21 November 1972.

The diagnosis was made clinically by a medical officer on 21 November 1972, who recorded a 6 mm rough, erythematous, adherent scaly plaque on sun-damaged skin of the left infraorbital region, the typical appearance of a solar keratosis. It was confirmed by a dermatologist on 9 October 1973, when shave biopsy showed a hypertrophic solar keratosis with moderate keratinocyte dysplasia and no invasion.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 14 November 1972.

Left Infraorbital Region - Actinic Keratosis (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 11 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 June 2025;
- A regimental aid post record by the medical orderly, Malaya, dated 2 September 1941;
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- A renal transplant operation report by the transplant surgeon, dated 16 June 1969;
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- A regimental aid post record by the medical officer, Field workshop unit, dated 21 November 1972;
- A dermatology consultation and histopathology report by the dermatologist and pathologist, dated 9 October 1973;
- A skin surveillance review by the dermatologist, dated 18 September 2024.

Your service

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

12 May 1941 and 31 January 1974

Left Infraorbital Region - Actinic Keratosis (Worsening)

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

- *inability to obtain appropriate clinical management for solar keratosis*

Diagnosis: Actinic Keratosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 June 2025, and is supported by a regimental aid post record by the medical officer, Field workshop unit, dated 21 November 1972.

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

Statement of Principles concerning Solar Keratosis (Balance of Probabilities) (No. 80 of 2021)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for solar keratosis*

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 a rough, scaly spot beneath your left eye that caught on your fingers when washing and shaving, with occasional stinging in the sun on 21 November 1972.

The diagnosis was made clinically by a medical officer on 21 November 1972, who recorded a 6 mm rough, erythematous, adherent scaly plaque on sun-damaged skin of the left infraorbital region, the typical appearance of a solar keratosis. It was confirmed by a dermatologist on 9 October 1973, when shave biopsy showed a hypertrophic solar keratosis with moderate keratinocyte dysplasia and no invasion.

After the condition arose, it was worsened during your service. After the diagnosis on 21 November 1972 no cryotherapy was available at your unit in northern Australia and there was no dermatologist in the region.

This has then led to further investigations and the diagnosis of your condition of *Actinic Keratosis (Worsening)*. I have accepted your condition of *Actinic Keratosis (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 9 October 1973.

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