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 Middle Finger - Wart

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 27 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 February 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 4 December 2007;
- An outpatient health record and stool culture by the medical officer, Role 1 facility, Afghanistan, dated 18 February 2008;
- A rheumatology teleconsultation by the rheumatologist, dated 8 April 2008;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 24 June 2008;
- An outpatient health record by the medical officer, Garrison health centre, dated 17 September 2008;
- A colposcopy report and HPV typing by the gynaecologist and pathologist, dated 6 October 2008;
- A dermatology consultation by the dermatologist, dated 3 February 2009;
- A dermatology review by the dermatologist, dated 21 October 2009.

Your service

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

22 March 1999 and 17 September 2012

Left Middle Finger - Wart

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: Wart

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 February 2025, and is supported by an outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 24 June 2008.

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 a small, rough, raised lesion on the back of the left middle finger near the nail, which caught on gloves and cracked and bled with repeated hand washing on 24 June 2008.

The diagnosis was made clinically on 24 June 2008 by a medical officer who recorded a 4 millimetre rough verrucous papule with thrombosed capillaries on the dorsum of the left middle finger near the nail fold, the typical appearance of a common wart, and plantar warts on the left forefoot. A dermatologist confirmed the diagnosis and its progression to a 12 millimetre periungual wart with onycholysis and nail dystrophy on 3 February 2009.

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

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 20 June 2008.

Left Middle Finger - Wart (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 27 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 February 2025;
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- A colposcopy report and HPV typing by the gynaecologist and pathologist, dated 6 October 2008;
- A dermatology consultation by the dermatologist, dated 3 February 2009;
- A dermatology review by the dermatologist, dated 21 October 2009.

Your service

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

22 March 1999 and 17 September 2012

Left Middle Finger - Wart (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: Wart (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 February 2025, and is supported by an outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 24 June 2008.

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 (Balance of Probabilities) (No. 8 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 a small, rough, raised lesion on the back of the left middle finger near the nail, which caught on gloves and cracked and bled with repeated hand washing on 24 June 2008.

The diagnosis was made clinically on 24 June 2008 by a medical officer who recorded a 4 millimetre rough verrucous papule with thrombosed capillaries on the dorsum of the left middle finger near the nail fold, the typical appearance of a common wart, and plantar warts on the left forefoot. A dermatologist confirmed the diagnosis and its progression to a 12 millimetre periungual wart with onycholysis and nail dystrophy on 3 February 2009.

After the condition arose, it was worsened during your service. You continued methotrexate 15 milligrams weekly and prednisolone, tapered to 10 milligrams daily, through your peacetime service in Australia until after the worsening documented on 3 February 2009, when the wart had enlarged to 12 millimetres and spread around the nail. When the wart was diagnosed on 24 June 2008 liquid nitrogen was not available at the base and only topical salicylic acid could be supplied, which is ineffective in an immunosuppressed patient.

This has then led to further investigations and the diagnosis of your condition of *Wart (Worsening)*. I have accepted your condition of *Wart (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 3 February 2009.

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