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 Shin - Animal Envenomation

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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 September 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 21 October 2013;
- A treatment record by the team site medic, South Sudan, dated 1 March 2014;
- A casualty and treatment record and evacuation request by the team site medic, South Sudan, dated 2 March 2014;
- An admission record and ultrasound left lower leg by the medical officer and radiologist, Mission hospital, dated 4 March 2014;
- A surgical review by the surgeon, Mission hospital, dated 5 March 2014;
- An operation report and X-ray left tibia by the plastic surgeon and radiologist, dated 14 March 2014;
- An ophthalmology consultation by the ophthalmologist, dated 14 March 2014;
- An operation report by the plastic surgeon, dated 27 March 2014;
- A plastic surgery review by the plastic surgeon, dated 10 November 2014.

Your service

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

23 January 1995 and 6 April 2018

Left Shin - Animal Envenomation

You have stated that your condition was caused by:

- *having internal absorption of venom from a venomous animal, by means of a bite, sting or injection, within the 3 days before clinical onset*
- *having external contact with venom from a snake or scorpion, by means of spitting or spraying, at the time of clinical onset*
- *having internal absorption of venom from a tick of the family Ixodidae within the 12 days before clinical onset*

Diagnosis: Animal Envenomation

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 September 2025, and is supported by a casualty and treatment record and evacuation request by the team site medic, South Sudan, dated 2 March 2014.

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

Statement of Principles concerning Animal Envenomation (Reasonable Hypothesis) (No. 1 of 2026)

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

I am satisfied that you have met the following factor:

- *having internal absorption of venom from a venomous animal, by means of a bite, sting or injection, within the 3 days before clinical onset*
- *having external contact with venom from a snake or scorpion, by means of spitting or spraying, at the time of clinical onset*
- *having internal absorption of venom from a tick of the family Ixodidae within the 12 days before clinical onset*

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 severe burning pain and rapidly spreading swelling of the left shin around two puncture wounds, with blistering and darkening of the skin, and intense eye pain, watering and blurred vision from the venom spat into your eyes on 2 March 2014.

The diagnosis was made on 2 March 2014 by the team site medic on the witnessed bite of a black-necked spitting cobra on the left shin, two puncture wounds, severe local pain and rapidly progressive swelling within 30 minutes, and eye pain and blurring after venom was spat into the eyes. A medical officer at the mission hospital confirmed local cytotoxic envenomation with

haemorrhagic blistering and dusky skin over the shin and corneal epithelial defects on 4 March 2014.

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

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 2 March 2014.

Left Shin - Animal Envenomation (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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 September 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 21 October 2013;
- A treatment record by the team site medic, South Sudan, dated 1 March 2014;
- A casualty and treatment record and evacuation request by the team site medic, South Sudan, dated 2 March 2014;
- An admission record and ultrasound left lower leg by the medical officer and radiologist, Mission hospital, dated 4 March 2014;
- A surgical review by the surgeon, Mission hospital, dated 5 March 2014;
- An operation report and X-ray left tibia by the plastic surgeon and radiologist, dated 14 March 2014;
- An ophthalmology consultation by the ophthalmologist, dated 14 March 2014;
- An operation report by the plastic surgeon, dated 27 March 2014;
- A plastic surgery review by the plastic surgeon, dated 10 November 2014.

Your service

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

23 January 1995 and 6 April 2018

Left Shin - Animal Envenomation (Worsening)

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

- *inability to obtain appropriate clinical management for animal envenomation before clinical worsening*

Diagnosis: Animal Envenomation (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 September 2025, and is supported by a casualty and treatment record and evacuation request by the team site medic, South Sudan, dated 2 March 2014.

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

Statement of Principles concerning Animal Envenomation (Reasonable Hypothesis) (No. 1 of 2026)

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 animal envenomation before clinical worsening*

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 severe burning pain and rapidly spreading swelling of the left shin around two puncture wounds, with blistering and darkening of the skin, and intense eye pain, watering and blurred vision from the venom spat into your eyes on 2 March 2014.

The diagnosis was made on 2 March 2014 by the team site medic on the witnessed bite of a black-necked spitting cobra on the left shin, two puncture wounds, severe local pain and rapidly progressive swelling within 30 minutes, and eye pain and blurring after venom was spat into the eyes. A medical officer at the mission hospital confirmed local cytotoxic envenomation with haemorrhagic blistering and dusky skin over the shin and corneal epithelial defects on 4 March 2014.

After the condition arose, it was worsened during your service. On non-warlike service at a remote team site, effective antivenom and surgical care were unavailable and evacuation was prevented for 40 hours by armed conflict near the airstrip and weather.

This has then led to further investigations and the diagnosis of your condition of *Animal Envenomation (Worsening)*. I have accepted your condition of *Animal Envenomation (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 5 March 2014.

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