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 Wrist - 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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A colonoscopy and histopathology report by the gastroenterologist, dated 14 November 2008;
- A gastroenterology consultation by the gastroenterologist, dated 3 March 2009;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 8 December 2009;
- An outpatient health record by the base medical officer, Afghanistan, dated 4 February 2010;
- An outpatient health record by the base medical officer, Afghanistan, dated 19 July 2010;
- A post-deployment health screen by the medical officer, dated 25 August 2010;
- An outpatient health record and cervical screening report by the medical officer, dated 6 October 2010;
- A dermatology consultation and biopsy report by the dermatologist, dated 2 November 2010;
- An infusion record by the gastroenterologist, dated 21 November 2011;
- A dermatology review by the dermatologist, dated 14 March 2012;
- A procedure report by the dermatologist, dated 18 July 2013;
- A discharge medical examination by the medical officer, dated 27 June 2014.

Your service

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

19 January 2004 and 27 June 2014

Left Wrist - 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 3 June 2025, and is supported by an outpatient health record by the base medical officer, Afghanistan, dated 19 July 2010.

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 single rough, raised lesion on the back of the left wrist that caught on gloves and benches on 19 July 2010.

The diagnosis was made clinically by the medical officer on 19 July 2010 and confirmed by a dermatologist on 2 November 2010: a hyperkeratotic papule with thrombosed capillaries on the dorsal left wrist, typical of verruca vulgaris, with satellite lesions, a plantar wart, anogenital warts and cervical condylomata, and a tongue lesion confirmed histologically as a squamous papilloma with koilocytes. These are benign hyperplastic lesions caused by human papillomavirus and meet the Statement of Principles definition of warts; seborrhoeic keratosis and skin cancer were excluded clinically and on histology.

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 15 July 2010.

Left Wrist - 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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- A colonoscopy and histopathology report by the gastroenterologist, dated 14 November 2008;
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- A dermatology review by the dermatologist, dated 14 March 2012;
- A procedure report by the dermatologist, dated 18 July 2013;
- A discharge medical examination by the medical officer, dated 27 June 2014.

Your service

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

19 January 2004 and 27 June 2014

Left Wrist - 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 3 June 2025, and is supported by an outpatient health record by the base medical officer, Afghanistan, dated 19 July 2010.

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 single rough, raised lesion on the back of the left wrist that caught on gloves and benches on 19 July 2010.

The diagnosis was made clinically by the medical officer on 19 July 2010 and confirmed by a dermatologist on 2 November 2010: a hyperkeratotic papule with thrombosed capillaries on the dorsal left wrist, typical of verruca vulgaris, with satellite lesions, a plantar wart, anogenital warts and cervical condylomata, and a tongue lesion confirmed histologically as a squamous papilloma with koilocytes. These are benign hyperplastic lesions caused by human papillomavirus and meet the Statement of Principles definition of warts; seborrhoeic keratosis and skin cancer were excluded clinically and on histology.

After the condition arose, it was worsened during your service. From 21 November 2011 infliximab infusions every eight weeks were added to azathioprine for a flare of Crohn's disease. After the wart appeared on 15 July 2010 the base had no cryotherapy, dermatology or minor surgery service, and you were managed only with over-the-counter salicylic acid paint, which you could not keep on under kitchen gloves.

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 21 November 2011.

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