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.

Lung - Community Acquired Pneumonia (Left Lower Zone)

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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A respiratory medicine consultation and spirometry by the respiratory physician, dated 22 March 2005;
- A gastroscopy report by the gastroenterologist, dated 14 November 2005;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 November 2005;
- A deployed health record by the regimental medical officer, Solomon Islands, dated 28 June 2006;
- A deployed health record and influenza antigen test by the regimental medical officer, Solomon Islands, dated 5 July 2006;
- A regimental aid post record and chest X-ray by the regimental medical officer, Solomon Islands, dated 16 July 2006;
- A chest X-ray and aeromedical evacuation request by the regimental medical officer, Solomon Islands, dated 20 July 2006;
- A hospital admission and discharge summary by the physician, dated 22 July 2006;
- A CT chest report by the radiologist, dated 23 July 2006;
- A respiratory follow-up and chest X-ray by the respiratory physician, dated 15 September 2006.

Your service

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

8 March 1999 and 19 June 2015

Lung - Community Acquired Pneumonia (Left Lower Zone)

You have stated that your condition was caused by:

- *living in crowded communal accommodation during an outbreak of respiratory tract infection, or being in close contact with a person with influenza or another respiratory tract infection, within the 14 days before the clinical onset of pneumonia*
- *having influenza or another viral respiratory tract infection within the 14 days before the clinical onset of pneumonia*
- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical onset of pneumonia*
- *consuming an average of at least 60 grams of alcohol per day for at least the 6 months before the clinical onset of pneumonia*
- *having asthma at the time of the clinical onset of pneumonia*
- *being treated with a systemic corticosteroid within the 30 days before the clinical onset of pneumonia*
- *inhaling smoke, airborne dust, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical onset of pneumonia*
- *inhaling water, vomitus or oropharyngeal contents (aspiration) within the 7 days before the clinical onset of pneumonia*
- *undertaking prolonged strenuous physical exertion with sleep restricted to less than 4 hours in each 24 hours for at least 3 consecutive days within the 7 days before the clinical onset of pneumonia*
- *taking a proton pump inhibitor for at least the 30 days before the clinical onset of pneumonia*

Diagnosis: Community Acquired Pneumonia (Left Lower Zone)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by a regimental aid post record and chest X-ray by the regimental medical officer, Solomon Islands, dated 16 July 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *living in crowded communal accommodation during an outbreak of respiratory tract infection, or being in close contact with a person with influenza or another respiratory tract infection, within the 14 days before the clinical onset of pneumonia*
- *having influenza or another viral respiratory tract infection within the 14 days before the clinical onset of pneumonia*
- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical onset of pneumonia*
- *consuming an average of at least 60 grams of alcohol per day for at least the 6 months before the clinical onset of pneumonia*
- *having asthma at the time of the clinical onset of pneumonia*
- *being treated with a systemic corticosteroid within the 30 days before the clinical onset of pneumonia*
- *inhaling smoke, airborne dust, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical onset of pneumonia*
- *inhaling water, vomitus or oropharyngeal contents (aspiration) within the 7 days before the clinical onset of pneumonia*
- *undertaking prolonged strenuous physical exertion with sleep restricted to less than 4 hours in each 24 hours for at least 3 consecutive days within the 7 days before the clinical onset of pneumonia*
- *taking a proton pump inhibitor for at least the 30 days before the clinical onset of pneumonia*

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 high fever, rigors, cough productive of rusty sputum, left-sided pleuritic chest pain, breathlessness and marked fatigue on 16 July 2006.

The diagnosis was confirmed on 16 July 2006 by the clinical picture of fever, rigors, rusty sputum and left pleuritic chest pain with bronchial breathing at the left base, and a chest X-ray showing consolidation of the left lower zone. Sputum culture grew Streptococcus pneumoniae.

This has then led to further investigations and the diagnosis of your condition of *Community Acquired Pneumonia (Left Lower Zone)*. I have accepted your condition of *Community Acquired Pneumonia (Left Lower Zone)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 2006.

Lung - Community Acquired Pneumonia (Left Lower Zone) (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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A respiratory medicine consultation and spirometry by the respiratory physician, dated 22 March 2005;
- A gastroscopy report by the gastroenterologist, dated 14 November 2005;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 November 2005;
- A deployed health record by the regimental medical officer, Solomon Islands, dated 28 June 2006;
- A deployed health record and influenza antigen test by the regimental medical officer, Solomon Islands, dated 5 July 2006;
- A regimental aid post record and chest X-ray by the regimental medical officer, Solomon Islands, dated 16 July 2006;
- A chest X-ray and aeromedical evacuation request by the regimental medical officer, Solomon Islands, dated 20 July 2006;
- A hospital admission and discharge summary by the physician, dated 22 July 2006;
- A CT chest report by the radiologist, dated 23 July 2006;
- A respiratory follow-up and chest X-ray by the respiratory physician, dated 15 September 2006.

Your service

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

8 March 1999 and 19 June 2015

Lung - Community Acquired Pneumonia (Left Lower Zone) (Worsening)

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

- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical worsening of pneumonia*
- *being treated with a systemic corticosteroid at the time of the clinical worsening of pneumonia*
- *inhaling smoke, airborne dust, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical worsening of pneumonia*
- *inability to obtain appropriate clinical management for pneumonia*

Diagnosis: Community Acquired Pneumonia (Left Lower Zone) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by a regimental aid post record and chest X-ray by the regimental medical officer, Solomon Islands, dated 16 July 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical worsening of pneumonia*
- *being treated with a systemic corticosteroid at the time of the clinical worsening of pneumonia*
- *inhaling smoke, airborne dust, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical worsening of pneumonia*
- *inability to obtain appropriate clinical management for pneumonia*

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 high fever, rigors, cough productive of rusty sputum, left-sided pleuritic chest pain, breathlessness and marked fatigue on 16 July 2006.

The diagnosis was confirmed on 16 July 2006 by the clinical picture of fever, rigors, rusty sputum and left pleuritic chest pain with bronchial breathing at the left base, and a chest X-ray showing consolidation of the left lower zone. Sputum culture grew Streptococcus pneumoniae.

After the condition arose, it was worsened during your service. You had smoked about 20 cigarettes a day for seven years before the worsening on 20 July 2006 and continued to smoke in the days after onset while managed in the field. Prednisolone 40 mg daily was recommenced on 17 July 2006 for wheeze and was being taken when the pneumonia worsened with a parapneumonic effusion on 20 July 2006. From 13 July to 20 July 2006 you remained in a tent beside the camp diesel generators, with smoke from burning rubbish drifting through the lines, while you were unwell on non-warlike service. The regimental aid post in the Solomon Islands could provide only oral antibiotics, without intravenous therapy, oxygen monitoring or pleural drainage.

This has then led to further investigations and the diagnosis of your condition of *Community Acquired Pneumonia (Left Lower Zone) (Worsening)*. I have accepted your condition of *Community Acquired Pneumonia (Left Lower Zone) (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 20 July 2006.

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