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.

Respiratory - Allergic Rhinitis

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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- An enlistment medical examination by the medical officer, dated 6 March 2006;
- A training and periodic health records by the military working dog school, dated 2 February 2009;
- A treatment record by the combat medic, Afghanistan, dated 19 November 2010;
- A treatment record by the medical officer, Afghanistan, dated 7 December 2010;
- An allergy testing report and consultation by the clinical immunologist, dated 14 July 2011;
- A treatment record by the medic, Middle East Area of Operations, dated 22 April 2017;
- A specialist consultation (nasal endoscopy and CT sinus report) by the ear, nose and throat surgeon and Radiologist, dated 5 October 2017.

Your service

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

6 March 2006 and 12 December 2019

Respiratory - Allergic Rhinitis

You have stated that your condition was caused by:

- *being exposed to an allergenic stimulus within the 24 hours before the clinical onset of allergic rhinitis*

- *having a sensitising exposure to an allergen before the clinical onset of allergic rhinitis*

Diagnosis: Allergic Rhinitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by a treatment record by the medical officer, Afghanistan, dated 7 December 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 Allergic Rhinitis (Reasonable Hypothesis) (No. 111 of 2022)

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

I am satisfied that you have met the following factor:

- *being exposed to an allergenic stimulus within the 24 hours before the clinical onset of allergic rhinitis*
- *having a sensitising exposure to an allergen before the clinical onset of allergic rhinitis*

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 paroxysmal sneezing, profuse watery rhinorrhoea, nasal blockage, itching of the nose, palate and eyes, and watery eyes, beginning within hours of exposure to your working dog in an enclosed vehicle on 19 November 2010.

The diagnosis was made clinically by a medical officer on 7 December 2010 from the typical symptoms of sneezing, watery rhinorrhoea, nasal itch and blockage triggered by exposure to your working dog, with pale, boggy inferior turbinates on examination and a good response to intranasal corticosteroid and antihistamine. It was confirmed by a clinical immunologist on 14 July 2011, when skin prick testing showed a 9 mm wheal to dog dander and a 7 mm wheal to ryegrass pollen with valid controls and serum dog-specific IgE was raised at 6.8 kU/L. This meets the Statement of Principles definition of allergic rhinitis as symptomatic, IgE-mediated inflammation of the nasal mucosa associated with allergen exposure, and the allergens meet the definition of an allergenic stimulus.

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

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 19 November 2010.

Respiratory - Allergic Rhinitis (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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- An enlistment medical examination by the medical officer, dated 6 March 2006;
- A training and periodic health records by the military working dog school, dated 2 February 2009;
- A treatment record by the combat medic, Afghanistan, dated 19 November 2010;
- A treatment record by the medical officer, Afghanistan, dated 7 December 2010;
- An allergy testing report and consultation by the clinical immunologist, dated 14 July 2011;
- A treatment record by the medic, Middle East Area of Operations, dated 22 April 2017;
- A specialist consultation (nasal endoscopy and CT sinus report) by the ear, nose and throat surgeon and Radiologist, dated 5 October 2017.

Your service

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

6 March 2006 and 12 December 2019

Respiratory - Allergic Rhinitis (Worsening)

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

- *being exposed to an allergenic stimulus within the 24 hours before the clinical worsening of allergic rhinitis*
- *inability to obtain appropriate clinical management for allergic rhinitis*

Diagnosis: Allergic Rhinitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by a treatment record by the medical officer, Afghanistan, dated 7 December 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 Allergic Rhinitis (Reasonable Hypothesis) (No. 111 of 2022)

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

I am satisfied that you have met the following factor:

- *being exposed to an allergenic stimulus within the 24 hours before the clinical worsening of allergic rhinitis*
- *inability to obtain appropriate clinical management for allergic rhinitis*

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 paroxysmal sneezing, profuse watery rhinorrhoea, nasal blockage, itching of the nose, palate and eyes, and watery eyes, beginning within hours of exposure to your working dog in an enclosed vehicle on 19 November 2010.

The diagnosis was made clinically by a medical officer on 7 December 2010 from the typical symptoms of sneezing, watery rhinorrhoea, nasal itch and blockage triggered by exposure to your working dog, with pale, boggy inferior turbinates on examination and a good response to intranasal corticosteroid and antihistamine. It was confirmed by a clinical immunologist on 14 July 2011, when skin prick testing showed a 9 mm wheal to dog dander and a 7 mm wheal to ryegrass pollen with valid controls and serum dog-specific IgE was raised at 6.8 kU/L. This meets the Statement of Principles definition of allergic rhinitis as symptomatic, IgE-mediated inflammation of the nasal mucosa associated with allergen exposure, and the allergens meet the definition of an allergenic stimulus.

After the condition arose, it was worsened during your service. On warlike service in the Middle East on 21 April 2017 you loaded working dogs into transport crates for an operational movement in an enclosed area for a full day, and from 22 April 2017 your rhinitis became constant and severe, with a SNOT-22 score of 58. On warlike service in the Middle East your intranasal corticosteroid was not resupplied for six weeks from March 2017 because of disrupted medical logistics, specialist review was not available until your return, and operational requirements prevented your removal from the allergen.

This has then led to further investigations and the diagnosis of your condition of *Allergic Rhinitis (Worsening)*. I have accepted your condition of *Allergic Rhinitis (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 22 April 2017.

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