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 - Pharyngitis

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- An enlistment medical examination by the medical officer, dated 9 February 2003;
- An outpatient health record by the medical officer, Garrison health centre, dated 11 November 2004;
- A treatment record and rapid antigen test by the medical officer, Iraq, dated 12 July 2005;
- An outpatient health record and throat culture reports by the medical officer, Garrison health centre, dated 24 March 2006;
- A treatment record by the medic and medical officer, Afghanistan, dated 2 September 2009;
- A specialist consultation and nasendoscopy by the ear, nose and throat surgeon, dated 18 March 2010;
- A separation medical examination by the medical officer, dated 7 February 2017.

Your service

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

9 February 2003 and 15 April 2017

Respiratory - Pharyngitis

You have stated that your condition was caused by:

- *being in close contact with a person who has streptococcal or viral pharyngitis within the 7 days before the clinical onset of pharyngitis*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room or tent, for at least 7 days within the 14 days before the clinical onset of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of pharyngitis*
- *undertaking prolonged strenuous physical exertion or sleep deprivation within the 7 days before the clinical onset of pharyngitis*
- *smoking at least one pack-year of cigarettes before the clinical onset of pharyngitis, where smoking was continuing or had ceased within the three months before onset*
- *having allergic rhinitis with nasal obstruction or post-nasal drip at the time of the clinical onset of pharyngitis*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical onset of pharyngitis*

Diagnosis: Pharyngitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a treatment record and rapid antigen test by the medical officer, Iraq, dated 12 July 2005.

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 in close contact with a person who has streptococcal or viral pharyngitis within the 7 days before the clinical onset of pharyngitis*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room or tent, for at least 7 days within the 14 days before the clinical onset of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of pharyngitis*
- *undertaking prolonged strenuous physical exertion or sleep deprivation within the 7 days before the clinical onset of pharyngitis*
- *smoking at least one pack-year of cigarettes before the clinical onset of pharyngitis, where smoking was continuing or had ceased within the three months before onset*
- *having allergic rhinitis with nasal obstruction or post-nasal drip at the time of the clinical onset of pharyngitis*

- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical onset of pharyngitis*

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 severe sore throat with painful swallowing, fever, malaise and tender swollen glands in the neck, with a red, exudative pharynx on 12 July 2005.

The diagnosis was made by the medical officer in Iraq on 12 July 2005 from the acute sore throat, painful swallowing, fever of 38.9 degrees, tender anterior cervical lymph nodes and exudative pharynx, with a rapid antigen test positive for group A streptococcus. Recurrent streptococcal pharyngitis was confirmed by throat cultures growing group A streptococcus in two of three further episodes, recorded on 24 March 2006.

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

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 12 July 2005.

Respiratory - Pharyngitis (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- An enlistment medical examination by the medical officer, dated 9 February 2003;
- An outpatient health record by the medical officer, Garrison health centre, dated 11 November 2004;
- A treatment record and rapid antigen test by the medical officer, Iraq, dated 12 July 2005;
- An outpatient health record and throat culture reports by the medical officer, Garrison health centre, dated 24 March 2006;
- A treatment record by the medic and medical officer, Afghanistan, dated 2 September 2009;
- A specialist consultation and nasendoscopy by the ear, nose and throat surgeon, dated 18 March 2010;
- A separation medical examination by the medical officer, dated 7 February 2017.

Your service

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

9 February 2003 and 15 April 2017

Respiratory - Pharyngitis (Worsening)

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

- *being in close contact with persons who have streptococcal or viral pharyngitis, in crowded communal accommodation, within the 7 days before the clinical worsening of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of pharyngitis*
- *smoking at least one pack-year of cigarettes before the clinical worsening of pharyngitis, where smoking was continuing or had ceased within the three months before the worsening*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical worsening of pharyngitis*

- *inability to obtain appropriate clinical management for pharyngitis*

Diagnosis: Pharyngitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a treatment record and rapid antigen test by the medical officer, Iraq, dated 12 July 2005.

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 in close contact with persons who have streptococcal or viral pharyngitis, in crowded communal accommodation, within the 7 days before the clinical worsening of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of pharyngitis*
- *smoking at least one pack-year of cigarettes before the clinical worsening of pharyngitis, where smoking was continuing or had ceased within the three months before the worsening*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical worsening of pharyngitis*
- *inability to obtain appropriate clinical management for pharyngitis*

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 severe sore throat with painful swallowing, fever, malaise and tender swollen glands in the neck, with a red, exudative pharynx on 12 July 2005.

The diagnosis was made by the medical officer in Iraq on 12 July 2005 from the acute sore throat, painful swallowing, fever of 38.9 degrees, tender anterior cervical lymph nodes and exudative pharynx, with a rapid antigen test positive for group A streptococcus. Recurrent streptococcal pharyngitis was confirmed by throat cultures growing group A streptococcus in two of three further episodes, recorded on 24 March 2006.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan you lived in a 16-person tent, and in the week before 2 September 2009 several of your tentmates were treated for sore throats. On 31 August 2009 a dust storm struck the forward logistic base while you were working in the fuel compound, where you were also exposed to diesel fumes, within the 48 hours before the worsening on 2 September 2009. You continued to smoke about 15 cigarettes a day during your service, with heavier smoking on deployment, until

you stopped in 2012. Your reflux was active in Afghanistan in 2009, with nightly symptoms recorded while you had run out of esomeprazole, and posterior pharyngeal and laryngeal erythema from reflux was seen on nasendoscopy in March 2010. On 2 September 2009 the medic at the forward logistic base had no oral antibiotics in stock and a medical officer was not available until a resupply flight five days later, so the streptococcal infection went untreated for five days while you continued to work in dust and diesel fumes.

This has then led to further investigations and the diagnosis of your condition of *Pharyngitis (Worsening)*. I have accepted your condition of *Pharyngitis (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 2 September 2009.

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