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.

Right Clavicle - Abrasion

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 13 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 13 August 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 20 August 2012;
- A patrol casualty record by the patrol medic, Afghanistan, dated 7 March 2013;
- A patrol base treatment record by the patrol medic, Afghanistan, dated 8 March 2013;
- A role 2 clinical record by the x-ray report and wound swab result, Medical Officer, Afghanistan, dated 12 March 2013;
- An ultrasound report by the radiologist, Role 2 facility, Afghanistan, dated 14 March 2013;
- A deployed clinical review by the medical officer, Afghanistan, dated 25 March 2013;
- A post-deployment health assessment by the medical officer, Garrison health centre, dated 14 August 2013;
- A dermatology consultation by the dermatologist, dated 2 April 2014;
- An aug 2014 to Mar 2015 by the laser treatment records, Dermatologist;
- A separation health examination by the medical officer, dated 27 July 2018.

Your service

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

3 February 2009 and 27 July 2018

Right Clavicle - Abrasion

You have stated that your condition was caused by:

- *having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration*

Diagnosis: Abrasion

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 13 August 2025, and is supported by a patrol casualty record by the patrol medic, Afghanistan, dated 7 March 2013.

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

Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 of 2025)

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 trauma to the affected site at the time of the cut, stab, abrasion or laceration*

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 stinging, bleeding graze over the right collarbone with grit embedded in the skin on 7 March 2013.

The diagnosis was made on 7 March 2013 by the patrol medic, who recorded a deep abrasion over the right clavicle measuring 8 by 5 centimetres with embedded gravel, after a fall and slide on rocky ground. This meets the Statement of Principles definition of an abrasion, an injury in which the superficial layers of the skin are scraped away by friction or contact with a rough surface.

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

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 7 March 2013.

Right Clavicle - Abrasion (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 13 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 13 August 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 20 August 2012;
- A patrol casualty record by the patrol medic, Afghanistan, dated 7 March 2013;
- A patrol base treatment record by the patrol medic, Afghanistan, dated 8 March 2013;
- A role 2 clinical record by the x-ray report and wound swab result, Medical Officer, Afghanistan, dated 12 March 2013;
- An ultrasound report by the radiologist, Role 2 facility, Afghanistan, dated 14 March 2013;
- A deployed clinical review by the medical officer, Afghanistan, dated 25 March 2013;
- A post-deployment health assessment by the medical officer, Garrison health centre, dated 14 August 2013;
- A dermatology consultation by the dermatologist, dated 2 April 2014;
- An aug 2014 to Mar 2015 by the laser treatment records, Dermatologist;
- A separation health examination by the medical officer, dated 27 July 2018.

Your service

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

3 February 2009 and 27 July 2018

Right Clavicle - Abrasion (Worsening)

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

- *inability to obtain appropriate clinical management for cut, stab, abrasion or laceration before clinical worsening*

Diagnosis: Abrasion (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 13 August 2025, and is supported by a patrol casualty record by the patrol medic, Afghanistan, dated 7 March 2013.

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

Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 of 2025)

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 cut, stab, abrasion or laceration 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 a stinging, bleeding graze over the right collarbone with grit embedded in the skin on 7 March 2013.

The diagnosis was made on 7 March 2013 by the patrol medic, who recorded a deep abrasion over the right clavicle measuring 8 by 5 centimetres with embedded gravel, after a fall and slide on rocky ground. This meets the Statement of Principles definition of an abrasion, an injury in which the superficial layers of the skin are scraped away by friction or contact with a rough surface.

After the condition arose, it was worsened during your service. On warlike service in a remote patrol base in Afghanistan, from 08 to 12 March 2013, sterile dressings, saline and antiseptic had run out, a dust storm cancelled the resupply helicopter for five days, and operational demands kept you patrolling in body armour that rubbed on the wound.

This has then led to further investigations and the diagnosis of your condition of *Abrasion (Worsening)*. I have accepted your condition of *Abrasion (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 12 March 2013.

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