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 Eye - 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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A pre-deployment aircrew medical examination by the aviation medical officer, dated 6 March 2012;
- A deployed health record by the flight line medical officer, dated 3 September 2012;
- A deployed health record and aeromedical evacuation request by the medical officer, dated 6 September 2012;
- An inpatient record and corneal culture by the ophthalmologist, coalition role 3 hospital, dated 7 September 2012;
- An ophthalmology consultation and anterior segment OCT by the ophthalmologist, dated 18 February 2013.

Your service

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

19 January 2006 and 28 February 2019

Right Eye - 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 29 July 2025, and is supported by a deployed health record by the flight line medical officer, dated 3 September 2012.

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 sudden severe pain in the right eye, a feeling of grit under the lid, tearing, light sensitivity and blurred vision on 3 September 2012.

The diagnosis is based on a particle striking the right eye on 3 September 2012, followed immediately by pain, tearing and blurred vision, and on the flight line medical officer's finding that night of a 4 by 3 mm corneal epithelial defect on fluorescein staining with an embedded grit particle. This meets the Statement of Principles definition of an abrasion as an injury interrupting the continuity of external or exposed tissue, the cornea being expressly given as an example.

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 3 September 2012.

Right Eye - 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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A pre-deployment aircrew medical examination by the aviation medical officer, dated 6 March 2012;
- A deployed health record by the flight line medical officer, dated 3 September 2012;
- A deployed health record and aeromedical evacuation request by the medical officer, dated 6 September 2012;
- An inpatient record and corneal culture by the ophthalmologist, coalition role 3 hospital, dated 7 September 2012;
- An ophthalmology consultation and anterior segment OCT by the ophthalmologist, dated 18 February 2013.

Your service

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

19 January 2006 and 28 February 2019

Right Eye - 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 29 July 2025, and is supported by a deployed health record by the flight line medical officer, dated 3 September 2012.

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 sudden severe pain in the right eye, a feeling of grit under the lid, tearing, light sensitivity and blurred vision on 3 September 2012.

The diagnosis is based on a particle striking the right eye on 3 September 2012, followed immediately by pain, tearing and blurred vision, and on the flight line medical officer's finding that night of a 4 by 3 mm corneal epithelial defect on fluorescein staining with an embedded grit particle. This meets the Statement of Principles definition of an abrasion as an injury interrupting the continuity of external or exposed tissue, the cornea being expressly given as an example.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan from 03 to 6 September 2012 operational demands prevented your grounding and review, you continued flying in dust, and antibiotic drops could not be resupplied at the forward location.

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 6 September 2012.

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