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 - Eye Irritation/Foreign Body Sensation

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 11 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A pre-deployment medical examination by the medical officer, naval health centre, dated 14 November 2005;
- A ship's medical record and injury report by the ship's medical officer, dated 2 April 2006;
- A ship's medical record by the ship's medical officer, dated 10 April 2006;
- A ship's medical record by the ship's medical officer, dated 19 April 2006;
- An ophthalmology consultation by the ophthalmologist, dated 22 August 2006;
- A ship's medical record by the ship's medical officer, dated 2 June 2011;
- A ship's medical record by the ship's medical officer, dated 20 June 2011;
- An ophthalmology consultation by the ophthalmologist, dated 6 September 2011.

Your service

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

15 January 1998 and 30 April 2014

Right Eye - Eye Irritation/Foreign Body Sensation

You have stated that your condition was caused by:

- *being exposed to airborne particulate matter from grinding, cutting, welding, drilling or abrasive blasting, without effective eye protection, for a cumulative period of at least 100*

hours within the 6 months before the clinical onset of eye irritation with foreign body sensation

- *having a corneal or conjunctival foreign body, or a retained rust ring, in the affected eye within the 30 days before the clinical onset of eye irritation with foreign body sensation*
- *having a chemical splash to the affected eye within the 30 days before the clinical onset of eye irritation with foreign body sensation*
- *working in a hot, low-humidity or forced-ventilated environment for at least 4 hours per day, on more days than not, for at least the 3 months before the clinical onset of eye irritation with foreign body sensation*
- *being exposed to smoke, exhaust, fumes or vapours from fuels, solvents or combustion for a cumulative period of at least 100 hours within the 6 months before the clinical onset of eye irritation with foreign body sensation*
- *taking a medication with anticholinergic or drying effects, including hyoscine or an antihistamine, for at least 4 weeks within the 3 months before the clinical onset of eye irritation with foreign body sensation*
- *having a pinguecula or pterygium of the affected eye at the time of the clinical onset of eye irritation with foreign body sensation*
- *having meibomian gland dysfunction or blepharitis of the affected eye at the time of the clinical onset of eye irritation with foreign body sensation*

Diagnosis: Eye Irritation/Foreign Body Sensation

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 August 2025, and is supported by an ophthalmology consultation by the ophthalmologist, dated 22 August 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 exposed to airborne particulate matter from grinding, cutting, welding, drilling or abrasive blasting, without effective eye protection, for a cumulative period of at least 100 hours within the 6 months before the clinical onset of eye irritation with foreign body sensation*
- *having a corneal or conjunctival foreign body, or a retained rust ring, in the affected eye within the 30 days before the clinical onset of eye irritation with foreign body sensation*
- *having a chemical splash to the affected eye within the 30 days before the clinical onset of eye irritation with foreign body sensation*

- *working in a hot, low-humidity or forced-ventilated environment for at least 4 hours per day, on more days than not, for at least the 3 months before the clinical onset of eye irritation with foreign body sensation*
- *being exposed to smoke, exhaust, fumes or vapours from fuels, solvents or combustion for a cumulative period of at least 100 hours within the 6 months before the clinical onset of eye irritation with foreign body sensation*
- *taking a medication with anticholinergic or drying effects, including hyoscine or an antihistamine, for at least 4 weeks within the 3 months before the clinical onset of eye irritation with foreign body sensation*
- *having a pinguecula or pterygium of the affected eye at the time of the clinical onset of eye irritation with foreign body sensation*
- *having meibomian gland dysfunction or blepharitis of the affected eye at the time of the clinical onset of eye irritation with foreign body sensation*

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 constant gritty feeling as if something was in the right eye, with irritation, redness and watering, worse in the hot, dusty machinery spaces and on the windy upper deck on 19 April 2006.

The diagnosis is based on constant irritation and foreign body sensation of the right eye with redness and watering, and on the ship's medical officer's findings on 19 April 2006 of a residual rust ring, superficial punctate corneal staining, meibomian gland dysfunction and a pinguecula, with no foreign body present. An ophthalmologist confirmed the diagnosis on 22 August 2006 on slit lamp examination, with superficial punctate keratopathy and a reduced tear break-up time.

This has then led to further investigations and the diagnosis of your condition of *Eye Irritation/Foreign Body Sensation*. I have accepted your condition of *Eye Irritation/Foreign Body Sensation*.

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 18 April 2006.

Right Eye - Eye Irritation/Foreign Body Sensation (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 11 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A pre-deployment medical examination by the medical officer, naval health centre, dated 14 November 2005;
- A ship's medical record and injury report by the ship's medical officer, dated 2 April 2006;
- A ship's medical record by the ship's medical officer, dated 10 April 2006;
- A ship's medical record by the ship's medical officer, dated 19 April 2006;
- An ophthalmology consultation by the ophthalmologist, dated 22 August 2006;
- A ship's medical record by the ship's medical officer, dated 2 June 2011;
- A ship's medical record by the ship's medical officer, dated 20 June 2011;
- An ophthalmology consultation by the ophthalmologist, dated 6 September 2011.

Your service

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

15 January 1998 and 30 April 2014

Right Eye - Eye Irritation/Foreign Body Sensation (Worsening)

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

- *being exposed to airborne particulate matter from grinding, cutting, welding, drilling or abrasive blasting for a cumulative period of at least 100 hours within the 6 months before the clinical worsening of eye irritation with foreign body sensation*
- *having a corneal or conjunctival foreign body in the affected eye within the 30 days before the clinical worsening of eye irritation with foreign body sensation*
- *being exposed to smoke, exhaust, fumes or vapours from fuels, solvents or combustion within the 3 months before the clinical worsening of eye irritation with foreign body*

sensation
- *inability to obtain appropriate clinical management for eye irritation with foreign body sensation*

Diagnosis: Eye Irritation/Foreign Body Sensation (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 August 2025, and is supported by an ophthalmology consultation by the ophthalmologist, dated 22 August 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 exposed to airborne particulate matter from grinding, cutting, welding, drilling or abrasive blasting for a cumulative period of at least 100 hours within the 6 months before the clinical worsening of eye irritation with foreign body sensation*
- *having a corneal or conjunctival foreign body in the affected eye within the 30 days before the clinical worsening of eye irritation with foreign body sensation*
- *being exposed to smoke, exhaust, fumes or vapours from fuels, solvents or combustion within the 3 months before the clinical worsening of eye irritation with foreign body sensation*
- *inability to obtain appropriate clinical management for eye irritation with foreign body sensation*

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 constant gritty feeling as if something was in the right eye, with irritation, redness and watering, worse in the hot, dusty machinery spaces and on the windy upper deck on 19 April 2006.

The diagnosis is based on constant irritation and foreign body sensation of the right eye with redness and watering, and on the ship's medical officer's findings on 19 April 2006 of a residual rust ring, superficial punctate corneal staining, meibomian gland dysfunction and a pinguecula, with no foreign body present. An ophthalmologist confirmed the diagnosis on 22 August 2006 on slit lamp examination, with superficial punctate keratopathy and a reduced tear break-up time.

After the condition arose, it was worsened during your service. From 20 December 2010 to 20 June 2011, in pre-deployment maintenance and on warlike maritime service from 5 February

2011, you ground and welded in the machinery spaces for more than 100 hours. On 2 June 2011, on warlike maritime service, a metallic foreign body was removed from the right cornea after grinding, 18 days before the worsening, and left a new corneal scar. On 11 May 2011, on warlike maritime service, you fought an engine room fire for 40 minutes in dense smoke, and you continued to work in fume-laden machinery spaces from 20 March to 20 June 2011. In April 2006 the rust ring could not be removed at sea and ophthalmic referral was impossible until August 2006, and in June 2011 specialist review was again impossible while the ship remained on patrol until August 2011, so you continued grinding and welding with a damaged ocular surface.

This has then led to further investigations and the diagnosis of your condition of *Eye Irritation/Foreign Body Sensation (Worsening)*. I have accepted your condition of *Eye Irritation/Foreign Body Sensation (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 June 2011.

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