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 - Pterygium

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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- An enlistment medical examination by the medical officer, Recruiting centre, dated 2 February 1996;
- A deployed health record by the medical officer, Regimental aid post, East Timor, dated 11 January 2000;
- A periodic health examination by the medical officer, Garrison health centre, dated 6 April 2006;
- A deployed health record by the medical officer, Timor-Leste, dated 14 March 2007;
- A deployed health record by the medical officer, Timor-Leste, dated 2 September 2008;
- A specialist consultation by the ophthalmologist, dated 18 November 2008;
- A specialist review and surgical recommendation by the ophthalmologist, dated 14 August 2012;
- An optometric review with telehealth ophthalmology advice by the afghanistan, dated 5 May 2013;
- A corneal topography report by the ophthalmologist, dated 27 August 2013;
- An operation report and histopathology by the ophthalmologist and pathologist, dated 10 September 2013.

Your service

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

22 January 1996 and 30 June 2016

Right Eye - Pterygium

You have stated that your condition was caused by:

- *having sunlight exposure to the eye which is not protected by clothing, ultraviolet-blocking sunglasses, or other physical barrier, for a cumulative period of at least 2,250 latitude equivalent hours before clinical onset*
- *having exposure of the affected eye to electric arc welding light, while welding without appropriate eye protection, such as a welding helmet or welding mask, for an average of at least 20 hours per week, for at least the 2 years before clinical onset*
- *having heavy exposure of the unprotected eye to sawdust, in an environment where the person is covered in sawdust, for an average of at least 20 hours per week, for at least the one year before clinical onset*

Diagnosis: Pterygium

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a specialist consultation by the ophthalmologist, dated 18 November 2008.

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

Statement of Principles concerning Pterygium (Reasonable Hypothesis) (No. 33 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 sunlight exposure to the eye which is not protected by clothing, ultraviolet-blocking sunglasses, or other physical barrier, for a cumulative period of at least 2,250 latitude equivalent hours before clinical onset*
- *having exposure of the affected eye to electric arc welding light, while welding without appropriate eye protection, such as a welding helmet or welding mask, for an average of at least 20 hours per week, for at least the 2 years before clinical onset*
- *having heavy exposure of the unprotected eye to sawdust, in an environment where the person is covered in sawdust, for an average of at least 20 hours per week, for at least the one year before clinical onset*

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 visible fleshy growth on the inner aspect of the

right eye with redness, a gritty foreign body sensation, watering in wind and sun, and intermittent irritation worse after welding and dusty work on 2 September 2008.

The diagnosis was confirmed by an ophthalmologist on slit lamp examination on 18 November 2008, which showed a triangular fibrovascular lesion in the nasal interpalpebral fissure of the right eye, extending 1.5 mm onto the cornea, firmly united to the cornea at its apex, adherent to the sclera through its middle portion and merging with the conjunctiva at its base. It was not a pseudo-pterygium (there was no history of corneal ulceration or chemical injury and a probe could not be passed beneath it) and was distinct from the pinguecula in the left eye. This meets the Statement of Principles definition of pterygium.

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

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 20 August 2008.

Right Eye - Pterygium (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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- An enlistment medical examination by the medical officer, Recruiting centre, dated 2 February 1996;
- A deployed health record by the medical officer, Regimental aid post, East Timor, dated 11 January 2000;
- A periodic health examination by the medical officer, Garrison health centre, dated 6 April 2006;
- A deployed health record by the medical officer, Timor-Leste, dated 14 March 2007;
- A deployed health record by the medical officer, Timor-Leste, dated 2 September 2008;
- A specialist consultation by the ophthalmologist, dated 18 November 2008;
- A specialist review and surgical recommendation by the ophthalmologist, dated 14 August 2012;
- An optometric review with telehealth ophthalmology advice by the afghanistan, dated 5 May 2013;
- A corneal topography report by the ophthalmologist, dated 27 August 2013;
- An operation report and histopathology by the ophthalmologist and pathologist, dated 10 September 2013.

Your service

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

22 January 1996 and 30 June 2016

Right Eye - Pterygium (Worsening)

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

- *inability to obtain appropriate clinical management for pterygium before clinical worsening*

Diagnosis: Pterygium (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a specialist consultation by the ophthalmologist, dated 18 November 2008.

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

Statement of Principles concerning Pterygium (Reasonable Hypothesis) (No. 33 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 pterygium 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 visible fleshy growth on the inner aspect of the right eye with redness, a gritty foreign body sensation, watering in wind and sun, and intermittent irritation worse after welding and dusty work on 2 September 2008.

The diagnosis was confirmed by an ophthalmologist on slit lamp examination on 18 November 2008, which showed a triangular fibrovascular lesion in the nasal interpalpebral fissure of the right eye, extending 1.5 mm onto the cornea, firmly united to the cornea at its apex, adherent to the sclera through its middle portion and merging with the conjunctiva at its base. It was not a pseudo-pterygium (there was no history of corneal ulceration or chemical injury and a probe could not be passed beneath it) and was distinct from the pinguecula in the left eye. This meets the Statement of Principles definition of pterygium.

After the condition arose, it was worsened during your service. Excision of the pterygium was recommended on 14 August 2012, but you were deployed on warlike service in Afghanistan from 12 October 2012 to 28 June 2013, where no ophthalmic surgery was available.

This has then led to further investigations and the diagnosis of your condition of *Pterygium (Worsening)*. I have accepted your condition of *Pterygium (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 5 May 2013.

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