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 Forearm - Irritant Contact Dermatitis

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 23 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 January 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 March 2007;
- An outpatient health record by the medical officer, Regimental aid post, Iraq, dated 28 November 2007;
- An outpatient health record by the medical officer, Regimental aid post, Iraq, dated 2 December 2007;
- A patch testing report and specialist consultation by the dermatologist, dated 15 July 2008;
- An outpatient health record by the medical officer, Garrison health centre, dated 9 March 2009;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 19 May 2011;
- A microbiology report and outpatient health record by the medical officer, Afghanistan, dated 23 May 2011;
- A return-to-Australia medical screening by the medical officer, Garrison health centre, dated 30 September 2011;
- A specialist consultation (histopathology and patch testing report) by the dermatologist and anatomical pathologist, dated 22 October 2011.

Your service

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

23 January 2002 and 30 June 2017

Right Forearm - Irritant Contact Dermatitis

You have stated that your condition was caused by:

- *having the affected area of skin exposed to an irritant within the three days before the clinical onset of irritant contact dermatitis*

Diagnosis: Irritant Contact Dermatitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 January 2025, and is supported by an outpatient health record by the medical officer, Regimental aid post, Iraq, dated 2 December 2007.

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

Statement of Principles concerning Irritant Contact Dermatitis (Reasonable Hypothesis) (No. 3 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having the affected area of skin exposed to an irritant within the three days before the clinical onset of irritant contact dermatitis*

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 burning, stinging and itch on the back of the right forearm, followed by a red, dry, scaly and cracked patch in the area that had been soaked in diesel, which stung on contact with solvent or hand cleaner on 28 November 2007.

The diagnosis was made clinically on 2 December 2007 on the finding of a well-demarcated, scaly, fissured erythematous plaque confined to the area of the right forearm soaked in diesel and scrubbed with solvent and hand cleaner, with burning and stinging, appearing within three days of the exposure. Patch testing by a dermatologist on 15 July 2008 to the baseline series and an oils, coolants and rubber series was negative, excluding allergic contact dermatitis, and the dermatologist confirmed irritant contact dermatitis.

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

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 26 November 2007.

Right Forearm - Irritant Contact Dermatitis (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 23 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 January 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 March 2007;
- An outpatient health record by the medical officer, Regimental aid post, Iraq, dated 28 November 2007;
- An outpatient health record by the medical officer, Regimental aid post, Iraq, dated 2 December 2007;
- A patch testing report and specialist consultation by the dermatologist, dated 15 July 2008;
- An outpatient health record by the medical officer, Garrison health centre, dated 9 March 2009;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 19 May 2011;
- A microbiology report and outpatient health record by the medical officer, Afghanistan, dated 23 May 2011;
- A return-to-Australia medical screening by the medical officer, Garrison health centre, dated 30 September 2011;
- A specialist consultation (histopathology and patch testing report) by the dermatologist and anatomical pathologist, dated 22 October 2011.

Your service

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

23 January 2002 and 30 June 2017

Right Forearm - Irritant Contact Dermatitis (Worsening)

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

- *having the affected area of skin exposed to an irritant within the three days before the clinical worsening of irritant contact dermatitis*
- *inability to obtain appropriate clinical management for irritant contact dermatitis*

Diagnosis: Irritant Contact Dermatitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 January 2025, and is supported by an outpatient health record by the medical officer, Regimental aid post, Iraq, dated 2 December 2007.

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

Statement of Principles concerning Irritant Contact Dermatitis (Reasonable Hypothesis) (No. 3 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having the affected area of skin exposed to an irritant within the three days before the clinical worsening of irritant contact dermatitis*
- *inability to obtain appropriate clinical management for irritant contact dermatitis*

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 burning, stinging and itch on the back of the right forearm, followed by a red, dry, scaly and cracked patch in the area that had been soaked in diesel, which stung on contact with solvent or hand cleaner on 28 November 2007.

The diagnosis was made clinically on 2 December 2007 on the finding of a well-demarcated, scaly, fissured erythematous plaque confined to the area of the right forearm soaked in diesel and scrubbed with solvent and hand cleaner, with burning and stinging, appearing within three days of the exposure. Patch testing by a dermatologist on 15 July 2008 to the baseline series and an oils, coolants and rubber series was negative, excluding allergic contact dermatitis, and the dermatologist confirmed irritant contact dermatitis.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan, from 16 to 18 May 2011, you cleaned engine and transmission parts by hand in an improvised wash tank of diesel and solvent and with an alkaline degreaser, with your right forearm immersed and splashed for hours each day because your gauntlet gloves had worn out and could not be replaced. On warlike service in Iraq in 2007 to 2008 and in Afghanistan in 2011 you could not obtain a potent topical corticosteroid, protective gauntlet gloves, replacement clothing, dermatology review or removal from fuel and solvent work, because of supply limitations and the operational demand for vehicle repairs.

This has then led to further investigations and the diagnosis of your condition of *Irritant Contact Dermatitis (Worsening)*. I have accepted your condition of *Irritant Contact Dermatitis (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 19 May 2011.

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