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 - Superficial Burn

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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 11 November 2008;
- A radiation hazard and laser incident reports by the radiation hazard officer, Middle East, dated 17 April 2009;
- A treatment record by the medic, Middle East, dated 18 April 2009;
- A treatment record by the medic, Middle East, dated 24 April 2009;
- An outpatient record and microbiology report by the medical officer, Role 2 facility, Middle East, dated 27 April 2009;
- A treatment record by the medic, Middle East, dated 22 May 2009;
- A specialist consultation by the plastic surgeon, dated 14 January 2010.

Your service

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

4 February 2004 and 15 March 2016

Right Forearm - Superficial Burn

You have stated that your condition was caused by:

- *having exposure to a heat source sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to high intensity, focussed ultrasound sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to ultraviolet radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to solar radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having laser applied, sufficient to cause at least erythema, at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to infrared radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to radiofrequency or microwave radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*

Diagnosis: Superficial Burn

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by a treatment record by the medic, Middle East, dated 18 April 2009.

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

Statement of Principles concerning Heat-Induced Burn (Reasonable Hypothesis) (No. 1 of 2024)

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

I am satisfied that you have met the following factor:

- *having exposure to a heat source sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to high intensity, focussed ultrasound sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to ultraviolet radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to solar radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having laser applied, sufficient to cause at least erythema, at the affected area of the body at the time of the clinical onset of heat-induced burn*
- *having exposure to infrared radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*

- *having exposure to radiofrequency or microwave radiation sufficient to cause at least erythema at the affected area of the body at the time of the clinical onset of heat-induced burn*

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 pain, heat and redness over the back of the right forearm developing during the afternoon of 17 April 2009, worse that evening, with swelling and tenderness, and a sharper pain at the small linear burn from the hot-air gun on 18 April 2009.

The diagnosis was made clinically on 18 April 2009 by the ship's medic, who recorded a well-demarcated, tender, blanching area of erythema and oedema without blisters on the extensor surface of the right forearm in the distribution of the exposed skin, with a linear contact burn from the hot-air gun nozzle, the day after documented exposure to heat, radiant and radiation sources. These are the features of a superficial heat-induced burn, and they meet the Statement of Principles definition of heat-induced burn.

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

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 17 April 2009.

Right Forearm - Superficial Burn (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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 11 November 2008;
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- An outpatient record and microbiology report by the medical officer, Role 2 facility, Middle East, dated 27 April 2009;
- A treatment record by the medic, Middle East, dated 22 May 2009;
- A specialist consultation by the plastic surgeon, dated 14 January 2010.

Your service

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

4 February 2004 and 15 March 2016

Right Forearm - Superficial Burn (Worsening)

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

- *inability to obtain appropriate clinical management for heat-induced burn before the clinical worsening of heat-induced burn*

Diagnosis: Superficial Burn (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by a treatment record by the medic, Middle East, dated 18 April 2009.

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

Statement of Principles concerning Heat-Induced Burn (Reasonable Hypothesis) (No. 1 of 2024)

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 heat-induced burn before the clinical worsening of heat-induced burn*

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 pain, heat and redness over the back of the right forearm developing during the afternoon of 17 April 2009, worse that evening, with swelling and tenderness, and a sharper pain at the small linear burn from the hot-air gun on 18 April 2009.

The diagnosis was made clinically on 18 April 2009 by the ship's medic, who recorded a well-demarcated, tender, blanching area of erythema and oedema without blisters on the extensor surface of the right forearm in the distribution of the exposed skin, with a linear contact burn from the hot-air gun nozzle, the day after documented exposure to heat, radiant and radiation sources. These are the features of a superficial heat-induced burn, and they meet the Statement of Principles definition of heat-induced burn.

After the condition arose, it was worsened during your service. On warlike service the frigate had exhausted its burns dressings, carried no medical officer and could not leave its patrol area, so your burn received only cool compresses from 17 to 27 April 2009.

This has then led to further investigations and the diagnosis of your condition of *Superficial Burn (Worsening)*. I have accepted your condition of *Superficial Burn (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 27 April 2009.

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