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 Hand and Left Hand - Dishydriotic Eczema

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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 September 2025;
- A pre-deployment health assessment by the medical officer, dated 6 December 2010;
- A role 2 treatment record by the medical officer, Afghanistan, dated 14 March 2011;
- A treatment record by the medical officer, Afghanistan, dated 2 May 2011;
- An outpatient health record and dermatology referral by the medical officer, Garrison health centre, dated 17 October 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 9 May 2013;
- A dermatology consultation and patch test report by the dermatologist, dated 20 June 2013;
- A treatment record and microbiology report by the medical officer, Iraq, dated 21 August 2015;
- A dermatology review by the dermatologist, dated 14 March 2016.

Your service

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

19 August 2002 and 7 April 2017

Right Hand and Left Hand - Dishydriotic Eczema

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: Dishydriotic Eczema

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 September 2025, and is supported by a dermatology consultation and patch test report by the dermatologist, dated 20 June 2013.

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 intense itch and burning of both palms and the sides of the fingers, with crops of small, deep-seated blisters, redness and early peeling, worse on the right hand on 14 March 2011.

The diagnosis was made clinically on 14 March 2011 on the finding of deep-seated, itchy vesicles on the palms and the sides of the fingers of both hands following heavy exposure to wet work, gloves and disinfectants, and it was confirmed by a dermatologist on 20 June 2013. Patch testing to the baseline series, rubber accelerators, chlorhexidine and preservatives was negative, excluding allergic contact dermatitis. This meets the Statement of Principles definition of irritant contact dermatitis, an inflammatory skin reaction caused by direct contact with an irritant, without an immunological mechanism.

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

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 14 March 2011.

Right Hand and Left Hand - Dishydriotic Eczema (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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 September 2025;
- A pre-deployment health assessment by the medical officer, dated 6 December 2010;
- A role 2 treatment record by the medical officer, Afghanistan, dated 14 March 2011;
- A treatment record by the medical officer, Afghanistan, dated 2 May 2011;
- An outpatient health record and dermatology referral by the medical officer, Garrison health centre, dated 17 October 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 9 May 2013;
- A dermatology consultation and patch test report by the dermatologist, dated 20 June 2013;
- A treatment record and microbiology report by the medical officer, Iraq, dated 21 August 2015;
- A dermatology review by the dermatologist, dated 14 March 2016.

Your service

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

19 August 2002 and 7 April 2017

Right Hand and Left Hand - Dishydriotic Eczema (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: Dishydriotic Eczema (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 September 2025, and is supported by a dermatology consultation and patch test report by the dermatologist, dated 20 June 2013.

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 intense itch and burning of both palms and the sides of the fingers, with crops of small, deep-seated blisters, redness and early peeling, worse on the right hand on 14 March 2011.

The diagnosis was made clinically on 14 March 2011 on the finding of deep-seated, itchy vesicles on the palms and the sides of the fingers of both hands following heavy exposure to wet work, gloves and disinfectants, and it was confirmed by a dermatologist on 20 June 2013. Patch testing to the baseline series, rubber accelerators, chlorhexidine and preservatives was negative, excluding allergic contact dermatitis. This meets the Statement of Principles definition of irritant contact dermatitis, an inflammatory skin reaction caused by direct contact with an irritant, without an immunological mechanism.

After the condition arose, it was worsened during your service. On warlike service in Iraq between 18 August 2015 and 21 August 2015 you repeatedly scrubbed and gloved during a trauma training package, decontaminated vehicles and stretchers with hypochlorite and cleaned your weapon daily with solvent. On warlike service in Afghanistan in 2011 and in Iraq in 2015 no dermatologist, barrier creams or cotton glove liners were available, the topical steroid supply was rationed, and operational manning required you to keep scrubbing and gloving daily with no modification of duties.

This has then led to further investigations and the diagnosis of your condition of *Dishydriotic Eczema (Worsening)*. I have accepted your condition of *Dishydriotic Eczema (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 21 August 2015.

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