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 Middle Finger - Wart

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 5 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 May 2025;
- A gastroenterology consultation and liver biopsy report by the gastroenterologist, dated 14 August 2009;
- A pre-deployment medical examination and pathology by the medical officer, dated 20 January 2011;
- A deployed health record by the medical officer, Afghanistan, dated 20 May 2011;
- A deployed health record by the medical officer, role 2 facility, Afghanistan, dated 21 September 2011;
- A colposcopy report by the gynaecologist, dated 10 November 2011;
- A histopathology and HPV typing (palatal papilloma) by the pathologist, dated 18 November 2011;
- A dermatology consultation by the dermatologist, dated 29 November 2011;
- A deployed health record by the medical officer, Afghanistan, dated 15 October 2013;
- A dermatology consultation by the dermatologist, dated 12 March 2014;
- A procedure note (intralesional bleomycin) by the dermatologist, dated 22 July 2014.

Your service

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

19 June 2006 and 27 November 2017

Right Middle Finger - Wart

You have stated that your condition was caused by:

- *having direct physical contact with another person's cutaneous warts, within the 20 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 20 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 20 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 20 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 20 months before the clinical onset of warts*
- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 20 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

Diagnosis: Wart

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 May 2025, and is supported by a deployed health record by the medical officer, role 2 facility, Afghanistan, dated 21 September 2011.

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

Statement of Principles concerning Warts (Reasonable Hypothesis) (No. 7 of 2023)

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

I am satisfied that you have met the following factor:

- *having direct physical contact with another person's cutaneous warts, within the 20 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 20 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 20 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 20 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 20 months before the clinical onset of warts*

- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 20 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

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 rough, raised lesion on the back of the right middle finger beside the nail, which caught on gloves and cloths and split when your hands were wet, together with painful lesions on the soles on 21 September 2011.

The diagnosis was made clinically on 21 September 2011 by a medical officer, who recorded a 5 mm hyperkeratotic papule with thrombosed capillaries (black dots) on the dorsum of the right middle finger at the proximal nail fold, the typical appearance of a common wart, together with plantar warts, anogenital warts and a palatal papilloma. A dermatologist confirmed the finger wart and treated it in late 2011.

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

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 September 2011.

Right Middle Finger - Wart (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 5 May 2025;
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Your service

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

19 June 2006 and 27 November 2017

Right Middle Finger - Wart (Worsening)

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

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

Diagnosis: Wart (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 May 2025, and is supported by a deployed health record by the medical officer, role 2 facility, Afghanistan, dated 21 September 2011.

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

Statement of Principles concerning Warts (Reasonable Hypothesis) (No. 7 of 2023)

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

I am satisfied that you have met the following factor:

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

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 rough, raised lesion on the back of the right middle finger beside the nail, which caught on gloves and cloths and split when your hands were wet, together with painful lesions on the soles on 21 September 2011.

The diagnosis was made clinically on 21 September 2011 by a medical officer, who recorded a 5 mm hyperkeratotic papule with thrombosed capillaries (black dots) on the dorsum of the right middle finger at the proximal nail fold, the typical appearance of a common wart, together with plantar warts, anogenital warts and a palatal papilloma. A dermatologist confirmed the finger wart and treated it in late 2011.

After the condition arose, it was worsened during your service. At the documented worsening on 15 October 2013, on your second warlike deployment to Afghanistan, you were taking azathioprine 125 mg and prednisolone 20 mg daily, and the wart had enlarged with periungual and subungual spread and six satellite lesions. On warlike service in Afghanistan in 2011 and again in 2013 cryotherapy was not available at the deployed medical facilities, and you had only salicylic acid paint and paring.

This has then led to further investigations and the diagnosis of your condition of *Wart (Worsening)*. I have accepted your condition of *Wart (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 15 October 2013.

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