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 Thigh - Furuncle/Boil

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 28 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 August 2025;
- A pre-deployment medical examination and screening swab by the medical officer, dated 2 November 2009;
- A deployed treatment record by the medic, Solomon Islands, dated 6 January 2010;
- A deployed treatment record by the medical officer, Solomon Islands, dated 14 January 2010;
- A pathology report (glucose) by the hba1c, iron studies and stool examination, dated 15 January 2010;
- A deployed treatment record by the medical officer, Solomon Islands, dated 4 March 2010;
- A role 2 admission and operation record by the surgeon, Afghanistan, dated 3 September 2012;
- A microbiology report (abscess and nasal cultures) dated 7 September 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2014.

Your service

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

23 July 2007 and 12 February 2016

Right Thigh - Furuncle/Boil

You have stated that your condition was caused by:

- *being colonised with Staphylococcus aureus in the anterior nares, perineum or groin at the time of the clinical onset of furuncle*
- *having close physical contact with a person with a Staphylococcus aureus skin or soft tissue infection, or sharing towels, bedding, clothing or equipment with such a person, within the 4 weeks before the clinical onset of furuncle*
- *having friction, occlusion or maceration of the skin at the affected site for at least 6 hours per day on at least 14 days within the 4 weeks before the clinical onset of furuncle*
- *having a break in the skin at the affected site, including an abrasion, laceration, insect bite, folliculitis or shaving injury, within the 14 days before the clinical onset of furuncle*
- *residing or working in a hot and humid tropical environment for at least the 14 days before the clinical onset of furuncle*
- *having restricted access to bathing and laundry facilities, such that the person was unable to shower or change clothing for at least 3 consecutive days on at least 2 occasions, within the 4 weeks before the clinical onset of furuncle*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of furuncle*
- *having diabetes mellitus at the time of the clinical onset of furuncle*
- *taking a systemic corticosteroid at a dose of at least 7.5 milligrams per day of prednisolone or equivalent for at least 14 days within the 3 months before the clinical onset of furuncle*
- *having atopic dermatitis, eczema or another chronic dermatosis involving the affected site at the time of the clinical onset of furuncle*

Diagnosis: Furuncle/Boil

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 August 2025, and is supported by a deployed treatment record by the medical officer, Solomon Islands, dated 14 January 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being colonised with Staphylococcus aureus in the anterior nares, perineum or groin at the time of the clinical onset of furuncle*

- *having close physical contact with a person with a Staphylococcus aureus skin or soft tissue infection, or sharing towels, bedding, clothing or equipment with such a person, within the 4 weeks before the clinical onset of furuncle*
- *having friction, occlusion or maceration of the skin at the affected site for at least 6 hours per day on at least 14 days within the 4 weeks before the clinical onset of furuncle*
- *having a break in the skin at the affected site, including an abrasion, laceration, insect bite, folliculitis or shaving injury, within the 14 days before the clinical onset of furuncle*
- *residing or working in a hot and humid tropical environment for at least the 14 days before the clinical onset of furuncle*
- *having restricted access to bathing and laundry facilities, such that the person was unable to shower or change clothing for at least 3 consecutive days on at least 2 occasions, within the 4 weeks before the clinical onset of furuncle*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of furuncle*
- *having diabetes mellitus at the time of the clinical onset of furuncle*
- *taking a systemic corticosteroid at a dose of at least 7.5 milligrams per day of prednisolone or equivalent for at least 14 days within the 3 months before the clinical onset of furuncle*
- *having atopic dermatitis, eczema or another chronic dermatosis involving the affected site at the time of the clinical onset of furuncle*

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 painful, hot, red swelling on the right inner thigh that enlarged over three days and came to a head, with pain on walking and sitting in the vehicle, followed by discharge of pus after drainage on 14 January 2010.

The diagnosis was made clinically by the deployed medical officer on 14 January 2010, who found a tender, fluctuant 3 cm nodule with a central pustule and surrounding erythema on the right inner thigh, drained pus on incision, and grew Staphylococcus aureus from the pus. This is the classical presentation of a furuncle. Furuncle is diagnosed clinically and imaging is not required.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 11 January 2010.

Right Thigh - Furuncle/Boil (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 28 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 August 2025;
- A pre-deployment medical examination and screening swab by the medical officer, dated 2 November 2009;
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- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2014.

Your service

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

23 July 2007 and 12 February 2016

Right Thigh - Furuncle/Boil (Worsening)

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

- *having friction, occlusion or maceration of the skin at the affected site for at least 6 hours per day on at least 14 days within the 4 weeks before the clinical worsening of furuncle*
- *being colonised with Staphylococcus aureus at the time of the clinical worsening of furuncle*
- *having diabetes mellitus at the time of the clinical worsening of furuncle*

- *inability to obtain appropriate clinical management for furuncle*

Diagnosis: Furuncle/Boil (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 August 2025, and is supported by a deployed treatment record by the medical officer, Solomon Islands, dated 14 January 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having friction, occlusion or maceration of the skin at the affected site for at least 6 hours per day on at least 14 days within the 4 weeks before the clinical worsening of furuncle*
- *being colonised with Staphylococcus aureus at the time of the clinical worsening of furuncle*
- *having diabetes mellitus at the time of the clinical worsening of furuncle*
- *inability to obtain appropriate clinical management for furuncle*

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 painful, hot, red swelling on the right inner thigh that enlarged over three days and came to a head, with pain on walking and sitting in the vehicle, followed by discharge of pus after drainage on 14 January 2010.

The diagnosis was made clinically by the deployed medical officer on 14 January 2010, who found a tender, fluctuant 3 cm nodule with a central pustule and surrounding erythema on the right inner thigh, drained pus on incision, and grew Staphylococcus aureus from the pus. This is the classical presentation of a furuncle. Furuncle is diagnosed clinically and imaging is not required.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan from 6 August 2012 to 3 September 2012, the 4 weeks before the documented worsening, you spent 10 to 14 hours a day seated in an armoured vehicle on route security tasks in summer heat, wearing body armour and fire-retardant coveralls. Swabs from the abscess and nares on 3 September 2012 grew methicillin-resistant Staphylococcus aureus, which had been acquired in the shared accommodation at a multinational base in Afghanistan, where two outbreaks of skin infection were recorded in 2012. Your type 2 diabetes was poorly controlled during deployment, with an HbA1c of 8.6 per cent on 4 September 2012, because metformin

doses were missed during long patrols and the diet was high in carbohydrate. After the first boil was drained on 14 January 2010, decolonisation with nasal mupirocin and chlorhexidine washes was recommended on 4 March 2010 but was never supplied or supervised, and you returned to vehicle duties in the same coveralls.

This has then led to further investigations and the diagnosis of your condition of *Furuncle/Boil (Worsening)*. I have accepted your condition of *Furuncle/Boil (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 3 September 2012.

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