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.

Sunstroke

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 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- A deployment acclimatisation record by the medical officer, Iraq, dated 20 April 2005;
- A patrol casualty card by the medic, Iraq, dated 16 July 2005;
- A role 2 and intensive care records by the medical officer and intensivist, Iraq, dated 17 July 2005;
- A CT brain and renal ultrasound reports by the radiologist, dated 18 July 2005;
- A heat tolerance test report by the sports and exercise physician, dated 14 March 2006;
- A field exercise treatment record by the medical officer, dated 9 February 2007;
- A deployed health record by the medical officer, Afghanistan, dated 22 June 2008;
- A heat tolerance test report by the sports and exercise physician, dated 18 May 2009;
- A clinical assessment by the general practitioner, dated 21 August 2025.

Your service

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

14 January 2002 and 30 June 2013

Sunstroke

You have stated that your condition was caused by:

- *undertaking physical activity at a minimum intensity of at least 3 METs in a hot environment at the time of the clinical onset of exertional heat illness*

Diagnosis: Sunstroke

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a patrol casualty card by the medic, Iraq, dated 16 July 2005.

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

Statement of Principles concerning Exertional Heat Illness (Reasonable Hypothesis) (No. 31 of 2022)

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

I am satisfied that you have met the following factor:

- *undertaking physical activity at a minimum intensity of at least 3 METs in a hot environment at the time of the clinical onset of exertional heat illness*

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 headache, dizziness, nausea and vomiting, then confusion and collapse with hot, dry skin, followed by loss of consciousness and a seizure as the heat stroke worsened on 16 July 2005.

The diagnosis was made by the patrol medic on 16 July 2005 on the finding of collapse during strenuous exertion in extreme heat, a rectal temperature of 41.3 degrees, confusion with a Glasgow Coma Scale score of 12 and hot dry skin, and was confirmed at the role 2 facility, where the temperature had reached 42.1 degrees with coma and a seizure. This meets the Statement of Principles definition of exertional heat illness, specifically heat stroke.

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

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 16 July 2005.

Sunstroke (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 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- A deployment acclimatisation record by the medical officer, Iraq, dated 20 April 2005;
- A patrol casualty card by the medic, Iraq, dated 16 July 2005;
- A role 2 and intensive care records by the medical officer and intensivist, Iraq, dated 17 July 2005;
- A CT brain and renal ultrasound reports by the radiologist, dated 18 July 2005;
- A heat tolerance test report by the sports and exercise physician, dated 14 March 2006;
- A field exercise treatment record by the medical officer, dated 9 February 2007;
- A deployed health record by the medical officer, Afghanistan, dated 22 June 2008;
- A heat tolerance test report by the sports and exercise physician, dated 18 May 2009;
- A clinical assessment by the general practitioner, dated 21 August 2025.

Your service

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

14 January 2002 and 30 June 2013

Sunstroke (Worsening)

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

- *inability to obtain appropriate clinical management for exertional heat illness*

Diagnosis: Sunstroke (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a patrol casualty card by the medic, Iraq, dated 16 July 2005.

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

Statement of Principles concerning Exertional Heat Illness (Reasonable Hypothesis) (No. 31 of 2022)

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 exertional heat illness*

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 headache, dizziness, nausea and vomiting, then confusion and collapse with hot, dry skin, followed by loss of consciousness and a seizure as the heat stroke worsened on 16 July 2005.

The diagnosis was made by the patrol medic on 16 July 2005 on the finding of collapse during strenuous exertion in extreme heat, a rectal temperature of 41.3 degrees, confusion with a Glasgow Coma Scale score of 12 and hot dry skin, and was confirmed at the role 2 facility, where the temperature had reached 42.1 degrees with coma and a seizure. This meets the Statement of Principles definition of exertional heat illness, specifically heat stroke.

After the condition arose, it was worsened during your service. On warlike service in Iraq on 16 July 2005 the threat to the landing zone held your evacuation for 75 minutes and no ice or immersion was available, so effective cooling was delayed, and the heat stroke worsened to coma, seizure and multi-organ injury.

This has then led to further investigations and the diagnosis of your condition of *Sunstroke (Worsening)*. I have accepted your condition of *Sunstroke (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 18 May 2009.

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