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.

Tonsillitis

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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 October 2025;
- An enlistment medical examination by the medical officer, dated 2 February 2009;
- An outpatient record and throat swab by the medical officer, Recruit training centre, dated 14 June 2009;
- An outbreak report by the recruit training centre health centre, dated 30 June 2009;
- An outpatient health record by the medical officer, Signals regiment health centre, dated 20 November 2009;
- A specialist consultation by the ear, nose and throat surgeon, dated 15 August 2010;
- A role 2 consultation by the medical officer, Afghanistan, dated 18 July 2011;
- A periodic health examination and outpatient record by the medical officer, dated 12 April 2014;
- A deployed medical record and throat swab by the medical officer, Middle East, dated 19 February 2015;
- A role 2 record (abscess aspiration and microbiology) by the medical officer, Middle East, dated 3 March 2015;
- An operation report and histopathology by the ear, nose and throat surgeon, dated 18 June 2015;
- A return to theatre operation report by the ear, nose and throat surgeon, dated 26 June 2015.

Your service

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

2 February 2009 and 28 October 2017

Tonsillitis

You have stated that your condition was caused by:

- *having an infection of the tonsils with group A beta-haemolytic Streptococcus or another pathogen that infects the tonsils at the time of the clinical onset of tonsillitis*
- *living or sleeping in crowded shared accommodation for at least the 7 days before the clinical onset of tonsillitis*
- *having close contact with a person who has streptococcal pharyngitis or tonsillitis within the 7 days before the clinical onset of tonsillitis*
- *undertaking sustained arduous physical training with sleep restriction to less than 5 hours a night for at least the 14 days before the clinical onset of tonsillitis*
- *being exposed to second-hand smoke for at least 200 hours within the 1 year before the clinical onset of tonsillitis*
- *being exposed to airborne irritants, including riot-control agents, smoke or fine dust, within the 30 days before the clinical onset of tonsillitis*
- *taking a systemic corticosteroid for at least 7 days within the 30 days before the clinical onset of tonsillitis*
- *having a viral upper respiratory tract infection, including adenovirus infection, within the 14 days before the clinical onset of tonsillitis*

Diagnosis: Tonsillitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 October 2025, and is supported by a specialist consultation by the ear, nose and throat surgeon, dated 15 August 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:

Balance of Probabilities (reasonable satisfaction) - 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 an infection of the tonsils with group A beta-haemolytic Streptococcus or another pathogen that infects the tonsils at the time of the clinical onset of tonsillitis*
- *living or sleeping in crowded shared accommodation for at least the 7 days before the clinical onset of tonsillitis*
- *having close contact with a person who has streptococcal pharyngitis or tonsillitis within the 7 days before the clinical onset of tonsillitis*
- *undertaking sustained arduous physical training with sleep restriction to less than 5 hours a night for at least the 14 days before the clinical onset of tonsillitis*
- *being exposed to second-hand smoke for at least 200 hours within the 1 year before the clinical onset of tonsillitis*
- *being exposed to airborne irritants, including riot-control agents, smoke or fine dust, within the 30 days before the clinical onset of tonsillitis*
- *taking a systemic corticosteroid for at least 7 days within the 30 days before the clinical onset of tonsillitis*
- *having a viral upper respiratory tract infection, including adenovirus infection, within the 14 days before the clinical onset of tonsillitis*

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 severe sore throat, painful swallowing, fever, swollen tender neck glands and tonsillar exudate on 14 June 2009.

The diagnosis was made clinically and microbiologically: the first episode on 14 June 2009 showed fever, bilateral tonsillar exudate and tender cervical lymph nodes with a throat swab positive for group A Streptococcus, and seven documented episodes followed in 12 months. An ear, nose and throat surgeon diagnosed recurrent acute and chronic tonsillitis on 15 August 2010, with enlarged, scarred, cryptic tonsils and persistent lymphadenopathy, meeting the accepted frequency criteria for tonsillectomy.

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

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

I have therefore accepted that this condition is related to your service with effect from 11 June 2009.

Tonsillitis (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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 October 2025;
- An enlistment medical examination by the medical officer, dated 2 February 2009;
- An outpatient record and throat swab by the medical officer, Recruit training centre, dated 14 June 2009;
- An outbreak report by the recruit training centre health centre, dated 30 June 2009;
- An outpatient health record by the medical officer, Signals regiment health centre, dated 20 November 2009;
- A specialist consultation by the ear, nose and throat surgeon, dated 15 August 2010;
- A role 2 consultation by the medical officer, Afghanistan, dated 18 July 2011;
- A periodic health examination and outpatient record by the medical officer, dated 12 April 2014;
- A deployed medical record and throat swab by the medical officer, Middle East, dated 19 February 2015;
- A role 2 record (abscess aspiration and microbiology) by the medical officer, Middle East, dated 3 March 2015;
- An operation report and histopathology by the ear, nose and throat surgeon, dated 18 June 2015;
- A return to theatre operation report by the ear, nose and throat surgeon, dated 26 June 2015.

Your service

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

2 February 2009 and 28 October 2017

Tonsillitis (Worsening)

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

- *having repeated acute infections of the tonsils with group A Streptococcus or another pathogen within the 1 year before the clinical worsening of tonsillitis*
- *living or sleeping in crowded shared accommodation for at least the 7 days before the clinical worsening of tonsillitis*
- *smoking at least 10 cigarettes per day for at least the 1 year before the clinical worsening of tonsillitis*
- *being exposed to smoke from open-air burning of waste or other airborne irritants for at least 100 hours within the 1 year before the clinical worsening of tonsillitis*
- *undertaking sustained shift work or operational duties with sleep restriction to less than 5 hours a night for at least the 14 days before the clinical worsening of tonsillitis*
- *inability to obtain appropriate clinical management for tonsillitis*

Diagnosis: Tonsillitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 October 2025, and is supported by a specialist consultation by the ear, nose and throat surgeon, dated 15 August 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 repeated acute infections of the tonsils with group A Streptococcus or another pathogen within the 1 year before the clinical worsening of tonsillitis*
- *living or sleeping in crowded shared accommodation for at least the 7 days before the clinical worsening of tonsillitis*
- *smoking at least 10 cigarettes per day for at least the 1 year before the clinical worsening of tonsillitis*
- *being exposed to smoke from open-air burning of waste or other airborne irritants for at least 100 hours within the 1 year before the clinical worsening of tonsillitis*
- *undertaking sustained shift work or operational duties with sleep restriction to less than 5 hours a night for at least the 14 days before the clinical worsening of tonsillitis*
- *inability to obtain appropriate clinical management for tonsillitis*

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 severe sore throat, painful swallowing, fever, swollen tender neck glands and tonsillar exudate on 14 June 2009.

The diagnosis was made clinically and microbiologically: the first episode on 14 June 2009 showed fever, bilateral tonsillar exudate and tender cervical lymph nodes with a throat swab positive for group A Streptococcus, and seven documented episodes followed in 12 months. An ear, nose and throat surgeon diagnosed recurrent acute and chronic tonsillitis on 15 August 2010, with enlarged, scarred, cryptic tonsils and persistent lymphadenopathy, meeting the accepted frequency criteria for tonsillectomy.

After the condition arose, it was worsened during your service. In the year before the worsening, from 3 March 2014 to 3 March 2015, you had five documented episodes of acute exudative tonsillitis, three with swabs positive for group A Streptococcus, on 12 April 2014, 30 June 2014, 18 September 2014, 8 December 2014 and 19 February 2015. From 25 November 2014 you lived in a 12-person tent and then shared demountable accommodation at a coalition base in the Middle East, with shared ablutions and dining. You began smoking during your first deployment to Afghanistan in 2011 and smoked 15 to 20 cigarettes a day from then on, recorded at your 2013 and 2014 periodic health examinations. At the coalition base in the Middle East your signals centre was 300 metres downwind of an open burn pit used for waste disposal, and smoke drifted over the work area on most days. From 10 February 2015 to 3 March 2015 you worked 12-hour shifts in the signals centre during a period of heightened operations, with frequent rocket alarms at night. An ear, nose and throat surgeon recommended tonsillectomy on 15 August 2010, after seven episodes in 12 months met the accepted criteria for surgery.

This has then led to further investigations and the diagnosis of your condition of *Tonsillitis (Worsening)*. I have accepted your condition of *Tonsillitis (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 March 2015.

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