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.

Upper Respiratory Tract Infection (URTI)

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 4 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A pre-deployment medical examination by the medical officer, dated 14 September 2008;
- A field medical record by the medical officer, Afghanistan, dated 23 December 2008;
- A patrol medical log by the troop medic, Afghanistan, dated 6 January 2009;
- An outpatient medical record by the medical officer, Afghanistan, dated 10 January 2009;
- An outpatient medical record and pathology by the medical officer, Role 2 facility, Afghanistan, dated 15 January 2009;
- An outpatient medical record by the medical officer, Afghanistan, dated 12 March 2009;
- An ENT consultation by the ENT surgeon, dated 18 August 2009.

Your service

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

14 January 2005 and 30 June 2015

Upper Respiratory Tract Infection (URTI)

You have stated that your condition was caused by:

- *being in close contact, including sharing a confined vehicle, tent or room, with a person who has an acute upper respiratory tract infection within the 7 days before the clinical onset of upper respiratory tract infection*

- *living in crowded communal accommodation, with at least 4 people sharing a tent, room or vehicle hide, for at least 7 days within the 14 days before the clinical onset of upper respiratory tract infection*
- *having sleep deprivation, with an average of less than 5 hours of sleep in each 24 hours, for at least 3 days within the 7 days before the clinical onset of upper respiratory tract infection*
- *being exposed to cold, with ambient temperatures below 5 degrees Celsius and chilling of the body, for at least 6 hours within the 72 hours before the clinical onset of upper respiratory tract infection*
- *undertaking prolonged strenuous physical exertion, of at least 90 minutes' duration, within the 72 hours before the clinical onset of upper respiratory tract infection*
- *experiencing a severe psychological stressor within the one month before the clinical onset of upper respiratory tract infection*
- *smoking at least 10 cigarettes per day at the time of the clinical onset of upper respiratory tract infection*
- *inhaling airborne dust, smoke from burning waste, or vehicle exhaust within the 48 hours before the clinical onset of upper respiratory tract infection*
- *having vitamin D deficiency, with a serum 25-hydroxyvitamin D level below 50 nanomoles per litre, at the time of the clinical onset of upper respiratory tract infection*
- *travelling for at least 3 hours in a crowded enclosed aircraft or vehicle within the 72 hours before the clinical onset of upper respiratory tract infection*
- *continuing strenuous duties without adequate rest within the 72 hours after the clinical onset of upper respiratory tract infection*

Diagnosis: Upper Respiratory Tract Infection (URTI)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 June 2025, and is supported by an outpatient medical record by the medical officer, Afghanistan, dated 10 January 2009.

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 in close contact, including sharing a confined vehicle, tent or room, with a person who has an acute upper respiratory tract infection within the 7 days before the clinical onset of upper respiratory tract infection*

- *living in crowded communal accommodation, with at least 4 people sharing a tent, room or vehicle hide, for at least 7 days within the 14 days before the clinical onset of upper respiratory tract infection*
- *having sleep deprivation, with an average of less than 5 hours of sleep in each 24 hours, for at least 3 days within the 7 days before the clinical onset of upper respiratory tract infection*
- *being exposed to cold, with ambient temperatures below 5 degrees Celsius and chilling of the body, for at least 6 hours within the 72 hours before the clinical onset of upper respiratory tract infection*
- *undertaking prolonged strenuous physical exertion, of at least 90 minutes' duration, within the 72 hours before the clinical onset of upper respiratory tract infection*
- *experiencing a severe psychological stressor within the one month before the clinical onset of upper respiratory tract infection*
- *smoking at least 10 cigarettes per day at the time of the clinical onset of upper respiratory tract infection*
- *inhaling airborne dust, smoke from burning waste, or vehicle exhaust within the 48 hours before the clinical onset of upper respiratory tract infection*
- *having vitamin D deficiency, with a serum 25-hydroxyvitamin D level below 50 nanomoles per litre, at the time of the clinical onset of upper respiratory tract infection*
- *travelling for at least 3 hours in a crowded enclosed aircraft or vehicle within the 72 hours before the clinical onset of upper respiratory tract infection*
- *continuing strenuous duties without adequate rest within the 72 hours after the clinical onset of upper respiratory tract infection*

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 sore throat, sneezing, nasal congestion, clear runny nose, dry cough, malaise and low-grade fever on 10 January 2009.

The diagnosis was made clinically by the medical officer on 10 January 2009 on the acute onset of sore throat, sneezing, nasal congestion, clear rhinorrhoea, cough, malaise and low-grade fever, with pharyngeal erythema, nasal mucosal swelling and a clear chest, and was confirmed by a nasal swab positive for rhinovirus.

This has then led to further investigations and the diagnosis of your condition of *Upper Respiratory Tract Infection (URTI)*. I have accepted your condition of *Upper Respiratory Tract Infection (URTI)*.

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 10 January 2009.

Upper Respiratory Tract Infection (URTI) (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 4 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A pre-deployment medical examination by the medical officer, dated 14 September 2008;
- A field medical record by the medical officer, Afghanistan, dated 23 December 2008;
- A patrol medical log by the troop medic, Afghanistan, dated 6 January 2009;
- An outpatient medical record by the medical officer, Afghanistan, dated 10 January 2009;
- An outpatient medical record and pathology by the medical officer, Role 2 facility, Afghanistan, dated 15 January 2009;
- An outpatient medical record by the medical officer, Afghanistan, dated 12 March 2009;
- An ENT consultation by the ENT surgeon, dated 18 August 2009.

Your service

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

14 January 2005 and 30 June 2015

Upper Respiratory Tract Infection (URTI) (Worsening)

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

- *being exposed to cold, with ambient temperatures below 5 degrees Celsius and chilling of the body, at the time of the clinical worsening of upper respiratory tract infection*
- *inhaling airborne dust, smoke or vehicle exhaust within the 48 hours before the clinical worsening of upper respiratory tract infection*
- *undergoing a rapid change in ambient pressure, such as air travel, while having nasal and eustachian tube congestion, within the 48 hours before the clinical worsening of upper respiratory tract infection*
- *smoking at least 10 cigarettes per day at the time of the clinical worsening of upper respiratory tract infection*
- *inability to obtain appropriate clinical management for upper respiratory tract infection*

Diagnosis: Upper Respiratory Tract Infection (URTI) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 June 2025, and is supported by an outpatient medical record by the medical officer, Afghanistan, dated 10 January 2009.

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 exposed to cold, with ambient temperatures below 5 degrees Celsius and chilling of the body, at the time of the clinical worsening of upper respiratory tract infection*
- *inhaling airborne dust, smoke or vehicle exhaust within the 48 hours before the clinical worsening of upper respiratory tract infection*
- *undergoing a rapid change in ambient pressure, such as air travel, while having nasal and eustachian tube congestion, within the 48 hours before the clinical worsening of upper respiratory tract infection*
- *smoking at least 10 cigarettes per day at the time of the clinical worsening of upper respiratory tract infection*
- *inability to obtain appropriate clinical management for upper respiratory tract infection*

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 sore throat, sneezing, nasal congestion, clear runny nose, dry cough, malaise and low-grade fever on 10 January 2009.

The diagnosis was made clinically by the medical officer on 10 January 2009 on the acute onset of sore throat, sneezing, nasal congestion, clear rhinorrhoea, cough, malaise and low-grade fever, with pharyngeal erythema, nasal mucosal swelling and a clear chest, and was confirmed by a nasal swab positive for rhinovirus.

After the condition arose, it was worsened during your service. On the patrol of 11 to 14 January 2009 night temperatures were minus 4 to minus 8 degrees Celsius and you manned the open turret, and you were chilled and shivering on your return on 14 January 2009, at the time of the worsening. From 13 to 15 January 2009 you drove through heavy dust and spent hours in the vehicle with the engine idling and exhaust drawn into the crew compartment, within the 48 hours before the worsening on 15 January 2009. On 14 January 2009 you were flown back to the main base by helicopter while heavily congested, and you had severe left ear pain and muffled hearing

on descent. You continued to smoke about 20 cigarettes a day through the illness, recorded on 15 January 2009, at the time of the worsening. MET.

This has then led to further investigations and the diagnosis of your condition of *Upper Respiratory Tract Infection (URTI) (Worsening)*. I have accepted your condition of *Upper Respiratory Tract Infection (URTI) (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 15 January 2009.

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.