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.

URTI - Pharyngitis

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 9 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 June 2025;
- An outpatient health record and skin prick testing by the medical officer, Barracks health centre, dated 11 October 2006;
- A gastroscopy report by the gastroenterologist, dated 20 August 2007;
- A specialist consultation by the ENT surgeon, dated 20 August 2007;
- A pre-deployment medical examination by the medical officer, dated 2 May 2008;
- A patrol medical record by the patrol medic, dated 16 September 2008;
- A deployed health record and microbiology report by the medical officer, Forward operating base, dated 23 September 2008;
- An outpatient health record and throat culture by the medical officer, Barracks health centre, dated 4 March 2009;
- A role 2 treatment record and CT neck by the medical officer and radiologist, dated 20 May 2012;
- A specialist consultation and nasendoscopy by the ENT surgeon, dated 10 October 2012;
- An operation report by the ENT surgeon, dated 5 December 2012.

Your service

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

14 July 2004 and 30 November 2016

URTI - Pharyngitis

You have stated that your condition was caused by:

- *being in close contact with a person who has streptococcal or viral pharyngitis within the 7 days before the clinical onset of pharyngitis*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room, tent or vehicle, for at least 7 days within the 14 days before the clinical onset of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of pharyngitis*
- *undertaking prolonged strenuous physical exertion or sleep deprivation within the 7 days before the clinical onset of pharyngitis*
- *smoking at least one pack-year of cigarettes before the clinical onset of pharyngitis, where smoking was continuing or had ceased within the three months before onset*
- *being exposed to second-hand smoke in an enclosed space for at least 500 hours before the clinical onset of pharyngitis, where the last exposure occurred within the three months before onset*
- *having allergic rhinitis with nasal obstruction, post-nasal drip or mouth breathing at the time of the clinical onset of pharyngitis*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical onset of pharyngitis*
- *being treated with a systemic corticosteroid or another immunosuppressive drug within the 14 days before the clinical onset of pharyngitis*
- *breathing hot or cold dry air through the mouth during prolonged exertion within the 7 days before the clinical onset of pharyngitis*

Diagnosis: Pharyngitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 June 2025, and is supported by a deployed health record and microbiology report by the medical officer, Forward operating base, dated 23 September 2008.

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 with a person who has streptococcal or viral pharyngitis within the 7 days before the clinical onset of pharyngitis*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room, tent or vehicle, for at least 7 days within the 14 days before the clinical onset of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of pharyngitis*
- *undertaking prolonged strenuous physical exertion or sleep deprivation within the 7 days before the clinical onset of pharyngitis*
- *smoking at least one pack-year of cigarettes before the clinical onset of pharyngitis, where smoking was continuing or had ceased within the three months before onset*
- *being exposed to second-hand smoke in an enclosed space for at least 500 hours before the clinical onset of pharyngitis, where the last exposure occurred within the three months before onset*
- *having allergic rhinitis with nasal obstruction, post-nasal drip or mouth breathing at the time of the clinical onset of pharyngitis*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical onset of pharyngitis*
- *being treated with a systemic corticosteroid or another immunosuppressive drug within the 14 days before the clinical onset of pharyngitis*
- *breathing hot or cold dry air through the mouth during prolonged exertion within the 7 days before the clinical onset of pharyngitis*

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 severe sore throat, pain on swallowing, fever, headache, malaise and tender swollen glands in the neck, with an exudative pharynx on 23 September 2008.

The diagnosis was made by the Medical Officer at a forward operating base in Afghanistan on 23 September 2008 from the acute sore throat, painful swallowing, fever of 39.1 degrees, tender anterior cervical lymph nodes and exudative pharyngitis, with a rapid antigen test positive for group A streptococcus confirmed on culture. Recurrent streptococcal pharyngitis was confirmed by positive throat cultures in further episodes, recorded on 4 March 2009.

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

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 22 September 2008.

URTI - Pharyngitis (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 9 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 June 2025;
- An outpatient health record and skin prick testing by the medical officer, Barracks health centre, dated 11 October 2006;
- A gastroscopy report by the gastroenterologist, dated 20 August 2007;
- A specialist consultation by the ENT surgeon, dated 20 August 2007;
- A pre-deployment medical examination by the medical officer, dated 2 May 2008;
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- A deployed health record and microbiology report by the medical officer, Forward operating base, dated 23 September 2008;
- An outpatient health record and throat culture by the medical officer, Barracks health centre, dated 4 March 2009;
- A role 2 treatment record and CT neck by the medical officer and radiologist, dated 20 May 2012;
- A specialist consultation and nasendoscopy by the ENT surgeon, dated 10 October 2012;
- An operation report by the ENT surgeon, dated 5 December 2012.

Your service

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

14 July 2004 and 30 November 2016

URTI - Pharyngitis (Worsening)

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

- *being in close contact with persons who have streptococcal or viral pharyngitis, in crowded communal accommodation, within the 7 days before the clinical worsening of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of pharyngitis*

- *smoking at least one pack-year of cigarettes before the clinical worsening of pharyngitis, where smoking was continuing or had ceased within the three months before the worsening*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical worsening of pharyngitis*
- *breathing hot or cold dry air through the mouth during prolonged exertion within the 7 days before the clinical worsening of pharyngitis*
- *inability to obtain appropriate clinical management for pharyngitis*

Diagnosis: Pharyngitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 June 2025, and is supported by a deployed health record and microbiology report by the medical officer, Forward operating base, dated 23 September 2008.

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 with persons who have streptococcal or viral pharyngitis, in crowded communal accommodation, within the 7 days before the clinical worsening of pharyngitis*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of pharyngitis*
- *smoking at least one pack-year of cigarettes before the clinical worsening of pharyngitis, where smoking was continuing or had ceased within the three months before the worsening*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical worsening of pharyngitis*
- *breathing hot or cold dry air through the mouth during prolonged exertion within the 7 days before the clinical worsening of pharyngitis*
- *inability to obtain appropriate clinical management for pharyngitis*

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 severe sore throat, pain on swallowing, fever, headache, malaise and tender swollen glands in the neck, with an exudative pharynx on 23 September 2008.

The diagnosis was made by the Medical Officer at a forward operating base in Afghanistan on 23 September 2008 from the acute sore throat, painful swallowing, fever of 39.1 degrees, tender

anterior cervical lymph nodes and exudative pharyngitis, with a rapid antigen test positive for group A streptococcus confirmed on culture. Recurrent streptococcal pharyngitis was confirmed by positive throat cultures in further episodes, recorded on 4 March 2009.

After the condition arose, it was worsened during your service. On 12 May 2012 a section member with whom you shared a crowded room at a patrol base in southern Afghanistan was treated for pharyngitis, and two further soldiers in the same room developed sore throats over the following days. On 15 and 16 May 2012 the patrol base burn pit was burning plastics and rations waste, and the smoke and diesel exhaust from the generators drifted through the accommodation in still conditions while you were on sentry duty for 12-hour shifts. You continued smoking about 20 cigarettes a day from 2008 and was smoking 25 a day during your 2012 deployment, accumulating about nine pack-years by May 2012. Your laryngopharyngeal reflux persisted, with morning hoarseness and throat clearing, and in the deployed environment your omeprazole was taken irregularly while you carried heavy loads and took ibuprofen for knee pain. From 10 to 14 May 2012 you took part in daily foot patrols from the patrol base in temperatures of 38 to 41 degrees and humidity below 20 per cent, mouth breathing because of exertion and your allergic rhinitis. When the sore throat began on 17 May 2012 the patrol base had no Medical Officer and no means of testing, and evacuation to a role 2 facility was not possible until 20 May 2012 because of the tactical situation.

This has then led to further investigations and the diagnosis of your condition of *Pharyngitis (Worsening)*. I have accepted your condition of *Pharyngitis (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 17 May 2012.

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