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.

Visual Refractive Error

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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- An enlistment medical examination by the medical officer, dated 17 January 2005;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 5 January 2006;
- A role 2 medical facility record by the medical officer, Iraq, dated 19 February 2007;
- An optometry assessment by the optometrist, dated 20 March 2007;
- An optometry review by Role 3 hospital, Afghanistan, dated 20 October 2010;
- An operation report by the ophthalmologist, dated 15 February 2011;
- An ophthalmology consultation and corneal topography by the ophthalmologist, dated 4 July 2011;
- An ophthalmology review and corneal topography by the ophthalmologist, dated 12 September 2012;
- An operation report by the corneal surgeon, dated 10 June 2013;
- An ophthalmology review by the corneal surgeon, dated 24 March 2014;
- An operation report by the vitreoretinal surgeon, dated 5 June 2015;
- A neurology consultation by the neurologist, dated 18 June 2015;
- An ophthalmology review and biometry by the vitreoretinal surgeon, dated 30 June 2015;
- An ophthalmology review by the ophthalmologist, dated 14 April 2017;
- An operation report by the cataract surgeon, dated 10 August 2017;
- An ophthalmology review by the cataract surgeon, dated 20 October 2017;
- An ophthalmology review by the vitreoretinal surgeon, dated 1 March 2019.

Your service

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

17 January 2005 and 12 November 2020

Visual Refractive Error

You have stated that your condition was caused by:

- *having an acquired eyelid mass of the affected eye at the time of clinical onset or clinical worsening of hyperopia or astigmatism*
- *having a pterygium of the affected eye at the time of clinical onset or clinical worsening of astigmatism or hyperopia*
- *having corneal surgery of the affected eye, within the 2 years before clinical onset or clinical worsening*
- *having penetrating keratoplasty (corneal transplantation) of the affected eye, within the 2 years before clinical onset or clinical worsening*
- *having corneal scarring of the affected eye at the time of clinical onset or clinical worsening*
- *having keratoconus of the affected eye at the time of clinical onset or clinical worsening of myopia or astigmatism*
- *having scleral buckle surgery of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism*
- *having a natural or artificial intraocular lens that is tilted or positioned off-centre within the affected eye at the time of clinical onset or clinical worsening*
- *having acquired aphakia (absence of an intraocular lens) at the time of clinical onset or clinical worsening of hyperopia*
- *having acquired displacement of the intraocular lens at the time of clinical onset or clinical worsening*
- *having an acquired nuclear cataract of the affected eye at the time of clinical onset or clinical worsening of myopia*
- *having an acquired posterior subcapsular cataract of the affected eye at the time of clinical onset or clinical worsening of myopia*
- *having cataract surgery of the affected eye, within the 6 months before clinical onset or clinical worsening*
- *having surgery for retinal detachment of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism*
- *whilst aged 12-19 years, focusing on objects within 40 cm of the eyes at least 2 hours a day for at least 1 year before clinical onset or clinical worsening of myopia*

- *having blunt or penetrating trauma to the affected eye during the 1 month before clinical onset or clinical worsening*
- *taking any of the following medications (which cannot be ceased or substituted in the long term) within the 2 weeks before clinical onset or clinical worsening of myopia; (a) acetazolamide; (b) chlortalidone/chlorthalidone; (c) daratumumab; (d) indapamide; (e) methazolamide; (f) metronidazole; (g) pilocarpine; (h) topiramate; (i) zonisamide*

Diagnosis: Visual Refractive Error

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an optometry assessment by the optometrist, dated 20 March 2007.

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

Statement of Principles concerning Visual Refractive Error (Reasonable Hypothesis) (No. 35 of 2025)

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

I am satisfied that you have met the following factor:

- *having an acquired eyelid mass of the affected eye at the time of clinical onset or clinical worsening of hyperopia or astigmatism*
- *having a pterygium of the affected eye at the time of clinical onset or clinical worsening of astigmatism or hyperopia*
- *having corneal surgery of the affected eye, within the 2 years before clinical onset or clinical worsening*
- *having penetrating keratoplasty (corneal transplantation) of the affected eye, within the 2 years before clinical onset or clinical worsening*
- *having corneal scarring of the affected eye at the time of clinical onset or clinical worsening*
- *having keratoconus of the affected eye at the time of clinical onset or clinical worsening of myopia or astigmatism*
- *having scleral buckle surgery of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism*
- *having a natural or artificial intraocular lens that is tilted or positioned off-centre within the affected eye at the time of clinical onset or clinical worsening*
- *having acquired aphakia (absence of an intraocular lens) at the time of clinical onset or clinical worsening of hyperopia*
- *having acquired displacement of the intraocular lens at the time of clinical onset or clinical worsening*

- *having an acquired nuclear cataract of the affected eye at the time of clinical onset or clinical worsening of myopia*
- *having an acquired posterior subcapsular cataract of the affected eye at the time of clinical onset or clinical worsening of myopia*
- *having cataract surgery of the affected eye, within the 6 months before clinical onset or clinical worsening*
- *having surgery for retinal detachment of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism*
- *whilst aged 12-19 years, focusing on objects within 40 cm of the eyes at least 2 hours a day for at least 1 year before clinical onset or clinical worsening of myopia*
- *having blunt or penetrating trauma to the affected eye during the 1 month before clinical onset or clinical worsening*
- *taking any of the following medications (which cannot be ceased or substituted in the long term) within the 2 weeks before clinical onset or clinical worsening of myopia; (a) acetazolamide; (b) chlortalidone/chlorthalidone; (c) daratumumab; (d) indapamide; (e) methazolamide; (f) metronidazole; (g) pilocarpine; (h) topiramate; (i) zonisamide*

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 blurred distance vision in both eyes, worse on the right, difficulty reading signs and vehicle markings, and eye strain after shifts on 19 February 2007.

The diagnosis was made by an optometrist on 20 March 2007 on subjective and objective refraction, which showed right -1.75/-0.75 x 180 and left -1.00 DS, with correction of acuity to 6/6. This is myopia with astigmatism within the Statement of Principles definition of visual refractive error, and it is not presbyopia. Unaided acuity had been 6/6 in each eye on 17 January 2005 and 5 January 2006.

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

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 15 February 2007.

Visual Refractive Error (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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- An enlistment medical examination by the medical officer, dated 17 January 2005;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 5 January 2006;
- A role 2 medical facility record by the medical officer, Iraq, dated 19 February 2007;
- An optometry assessment by the optometrist, dated 20 March 2007;
- An optometry review by Role 3 hospital, Afghanistan, dated 20 October 2010;
- An operation report by the ophthalmologist, dated 15 February 2011;
- An ophthalmology consultation and corneal topography by the ophthalmologist, dated 4 July 2011;
- An ophthalmology review and corneal topography by the ophthalmologist, dated 12 September 2012;
- An operation report by the corneal surgeon, dated 10 June 2013;
- An ophthalmology review by the corneal surgeon, dated 24 March 2014;
- An operation report by the vitreoretinal surgeon, dated 5 June 2015;
- A neurology consultation by the neurologist, dated 18 June 2015;
- An ophthalmology review and biometry by the vitreoretinal surgeon, dated 30 June 2015;
- An ophthalmology review by the ophthalmologist, dated 14 April 2017;
- An operation report by the cataract surgeon, dated 10 August 2017;
- An ophthalmology review by the cataract surgeon, dated 20 October 2017;
- An ophthalmology review by the vitreoretinal surgeon, dated 1 March 2019.

Your service

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

17 January 2005 and 12 November 2020

Visual Refractive Error (Worsening)

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

- *having an acquired eyelid mass of the affected eye at the time of clinical onset or clinical worsening of hyperopia or astigmatism*
- *having a pterygium of the affected eye at the time of clinical onset or clinical worsening of astigmatism or hyperopia*
- *having corneal surgery of the affected eye, within the 2 years before clinical onset or clinical worsening*
- *having penetrating keratoplasty (corneal transplantation) of the affected eye, within the 2 years before clinical onset or clinical worsening*
- *having corneal scarring of the affected eye at the time of clinical onset or clinical worsening*
- *having keratoconus of the affected eye at the time of clinical onset or clinical worsening of myopia or astigmatism*
- *having scleral buckle surgery of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism*
- *having a natural or artificial intraocular lens that is tilted or positioned off-centre within the affected eye at the time of clinical onset or clinical worsening*
- *having acquired aphakia (absence of an intraocular lens) at the time of clinical onset or clinical worsening of hyperopia*
- *having acquired displacement of the intraocular lens at the time of clinical onset or clinical worsening*
- *having an acquired nuclear cataract of the affected eye at the time of clinical onset or clinical worsening of myopia*
- *having an acquired posterior subcapsular cataract of the affected eye at the time of clinical onset or clinical worsening of myopia*
- *having cataract surgery of the affected eye, within the 6 months before clinical onset or clinical worsening*
- *having surgery for retinal detachment of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism*
- *whilst aged 12-19 years, focusing on objects within 40 cm of the eyes at least 2 hours a day for at least 1 year before clinical onset or clinical worsening of myopia*
- *having blunt or penetrating trauma to the affected eye during the 1 month before clinical onset or clinical worsening*
- *taking any of the following medications (which cannot be ceased or substituted in the long term) within the 2 weeks before clinical onset or clinical worsening of myopia; (a) acetazolamide; (b) chlortalidone/chlorthalidone; (c) daratumumab; (d) indapamide; (e) methazolamide; (f) metronidazole; (g) pilocarpine; (h) topiramate; (i) zonisamide*

- *inability to obtain appropriate clinical management for visual refractive error before clinical worsening*

Diagnosis: Visual Refractive Error (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an optometry assessment by the optometrist, dated 20 March 2007.

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

Statement of Principles concerning Visual Refractive Error (Reasonable Hypothesis) (No. 35 of 2025)

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

I am satisfied that you have met the following factor:

- *having an acquired eyelid mass of the affected eye at the time of clinical onset or clinical worsening of hyperopia or astigmatism*
- *having a pterygium of the affected eye at the time of clinical onset or clinical worsening of astigmatism or hyperopia*
- *having corneal surgery of the affected eye, within the 2 years before clinical onset or clinical worsening*
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- *having cataract surgery of the affected eye, within the 6 months before clinical onset or clinical worsening*
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- *inability to obtain appropriate clinical management for visual refractive error before clinical worsening*

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 blurred distance vision in both eyes, worse on the right, difficulty reading signs and vehicle markings, and eye strain after shifts on 19 February 2007.

The diagnosis was made by an optometrist on 20 March 2007 on subjective and objective refraction, which showed right -1.75/-0.75 x 180 and left -1.00 DS, with correction of acuity to 6/6. This is myopia with astigmatism within the Statement of Principles definition of visual refractive error, and it is not presbyopia. Unaided acuity had been 6/6 in each eye on 17 January 2005 and 5 January 2006.

After the condition arose, it was worsened during your service. The right upper eyelid chalazion developed in June 2010 during warlike service in Afghanistan, with chronic lid irritation from dust and wind, and was present at the worsening of astigmatism on 20 October 2010. The right nasal pterygium grew onto the cornea during warlike service in Afghanistan in 2010, with intense ultraviolet light, wind and dust during antenna work, and was present at the worsening of astigmatism on 20 October 2010. Pterygium excision on 15 February 2011 and cross-linking on 8 August 2011 treated the pterygium and keratoconus that arose from warlike service in Afghanistan, within the 2 years before the worsening on 12 September 2012. Penetrating keratoplasty on 10 June 2013, for keratoconus that followed eye rubbing from deployment-related irritation in Afghanistan, was within the 2 years before the worsening on 24 March 2014. Scarring at the pterygium bed, from the pterygium acquired on warlike service in Afghanistan, and apical keratoconic scarring were present at the worsening on 12 September 2012, and graft-host junction scarring at the worsening on 24 March 2014. Keratoconus followed persistent rubbing of the right eye, irritated by dust, chalazion and pterygium during warlike service in Afghanistan, and was present at the worsening of myopia and astigmatism on 12 September 2012. The scleral buckle of 5 June 2015 repaired a retinal detachment caused by the eye injury

on warlike service in Iraq on 2 June 2015, and was within the 6 months before the myopic worsening on 30 June 2015. The crystalline lens was tilted by zonular rupture from the injury on warlike service in Iraq and was tilted at the worsening on 30 June 2015, and the lens implant, placed in the sulcus because of that zonular damage, was tilted and decentred at the worsening on 20 October 2017. The lens implant dislocated on 8 January 2019 because of zonular damage from the 2015 injury on warlike service in Iraq and was removed, leaving the eye aphakic at the hyperopic worsening on 1 March 2019. The crystalline lens was displaced by the injury on warlike service in Iraq on 2 June 2015 and remained displaced at the worsening on 30 June 2015. The nuclear cataract followed vitrectomy for the retinal detachment caused on warlike service in Iraq, and was present at the myopic worsening on 14 April 2017. A traumatic posterior subcapsular cataract formed after the eye injury on warlike service in Iraq on 2 June 2015, worsened by postoperative steroid drops, and was present at the myopic worsening on 30 June 2015. Cataract surgery on 10 August 2017 treated cataract resulting from the injury on warlike service in Iraq and the surgery that followed it, within the 6 months before the worsening on 20 October 2017. Retinal detachment surgery on 5 June 2015, for a detachment caused on warlike service in Iraq, was within the 6 months before the myopic worsening on 30 June 2015. From 20 January 2006, aged 18 and 19, you worked twelve-hour shifts in a signals centre on warlike service in Iraq, reading screens, message logs and cipher documents at 30 to 40 cm for about eight hours a day. The right eye was struck by debris from an indirect fire attack on warlike service in Iraq on 2 June 2015, 28 days before the worsening documented on 30 June 2015. Topiramate, commenced on 18 June 2015 for post-traumatic seizures following the concussion sustained on warlike service in Iraq, could not be ceased or substituted, and was taken within the 2 weeks before the myopic worsening on 30 June 2015. During warlike service in Afghanistan from June to November 2010 no ophthalmologist was available to excise the chalazion and pterygium, and the right astigmatism worsened before definitive surgery could be obtained in February 2011.

This has then led to further investigations and the diagnosis of your condition of *Visual Refractive Error (Worsening)*. I have accepted your condition of *Visual Refractive Error (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 20 October 2010.

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.