REASONS FOR DECISION

Evaluation of chronic eczematous dermatitis of hands, legs, scalp, and chest (previously evaluated as dermatitis of the palms) currently evaluated as 10 percent disabling.

The evaluation of chronic eczematous dermatitis of hands, legs, scalp, and chest (previously evaluated as dermatitis of the palms) is continued as 10 percent disabling.

We have assigned a 10 percent evaluation for your chronic eczematous dermatitis of hands, legs, scalp, and chest (previously evaluated as dermatitis of the palms) based on:
• Characteristic lesions involving at least 5 percent, but less than 20 percent, of the entire body

Additional symptom(s) include:
• Characteristic lesions affecting less than 5 percent of the exposed areas
• No more than topical therapy required over the past 12-month period

Higher evaluations may also be warranted based on:
• Disfigurement of the head, face, or neck
• Scars considered disabling due to limitation of function of the affected part; or,
• Painful or unstable scar(s) (38 CFR 4.118)

A higher evaluation of 30 percent is not warranted for general rating formula for the skin unless the evidence shows:
• Characteristic lesions involving more than 20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected; or,
• Systemic therapy including, but not limited to, corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, PUVA or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, over the past 12-month period. (38 CFR 4.118)

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, *Decision Review Request: Supplemental Claim*
Higher-Level Review	VA Form 20-0996, *Decision Review Request: Higher-Level Review*
Appeal to the Board of Veterans' Appeals	VA Form 10182, *Decision Review Request: Board Appeal (Notice of Disagreement)*

Please note: You **may not** request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.va.gov.

Thank you for your service,

Regional Office Director

Skin Diseases
Disability Benefits Questionnaire

FIRST NAME, LAST NAME, MIDDLE NAME *(SUFFIX)*:	SOCIAL SECURITY NUMBER/FILE NUMBER:	TODAY'S DATE:
[redacted]	[redacted]	06/27/2022
HOME ADDRESS: [redacted]	EXAMINING LOCATION AND ADDRESS: VES	
HOME TELEPHONE: [redacted]		

CONTRACTOR:	VES NUMBER:	VA CLAIM NUMBER:
VES	[redacted]	

NOTE TO EXAMINER - The Veteran/Claimant is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Is this questionnaire being completed in conjunction with a VA21-2507, C&P examination request?
[X] Yes [] No

How was the examination completed? (check all that apply)
[X] In-person examination
[X] Records reviewed
[] Examination via approved video telehealth
[] Other, please specify in comments box:

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

[] Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the questionnaire and such an examination will likely provide no additional relevant evidence.

[] Review of available records in conjunction with an interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with an interview provided sufficient information on which to prepare the questionnaire and such an examination would likely provide no additional relevant evidence.

EVIDENCE REVIEW

Evidence reviewed *(check all that apply)*:
[] Not requested
[] VA claims file (hard copy paper C-file)
[X] VA e-folder
[] CPRS
[] Other (please identify other evidence reviewed):

[] No records were reviewed

Evidence comments:
All available records were reviewed and findings considered when completing this DBQ.

1961 – February 1981, Air Force

August 25, 1980, retirement exam

[redacted]

Examiner's comments:

dermatitis of both hands, dryness with cracking, asymptomatic

August 5, 1981, initial compensation and disability claim and rating decision

Dermatitis, both hands – the veteran was troubled by cracking at the Palmar skin of both hands since 1979. The condition was a symptomatic on retirement examination, notice of for sure on the palm of the right hand with skin thickening, left hand is also involved a lesser extent.

Diagnosis is palmar eczema, bilateral

[redacted]

[redacted]

December 5, 2001 [redacted] VA, dermatology clinic, [redacted]

Seen initially for leg rash

Punch biopsy of the leg rash – described to be for erythematous, lichenified scaly crusted plaques

May 6, 2002, [redacted], dermatology clinic, [redacted]

B

SECTION I - DIAGNOSIS

1. Does the Veteran have a current skin condition?
[X] Yes [] No

For Burn Conditions, the SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE must be completed.

If yes, provide only diagnoses that pertain to skin conditions.
Indicate the category of skin condition, and then provide specific diagnosis in that category *(check all that apply)*:

[] Dermatitis or eczema
Diagnosis: _____
ICD Code: _____ Date of diagnosis: _____

[] Tumors and neoplasms of the skin, including malignant melanoma
Diagnosis: _____
ICD Code: _____ Date of diagnosis: _____

[] Dermatophytosis (ringworm: of body, tinea corporis; of head, tinea capitis; of feet, tinea pedis; of beard area, tinea barbae; of nails, tinea unguium (onychomycosis); of inguinal area (jock itch), tinea cruris; tinea versicolor)
Diagnosis: _____
ICD Code: _____ Date of diagnosis: _____

[] Acne
ICD Code: _____ Date of diagnosis: _____

[] Psoriasis

ICD Code: _____ Date of diagnosis: _____

[] Infectious skin conditions not listed elsewhere (including bacterial, fungal, viral, treponemal and parasitic skin conditions)

Diagnosis: _____

ICD Code: _____ Date of diagnosis: _____

[] Chronic Urticaria

ICD Code: _____ Date of diagnosis: _____

[] Alopecia

Diagnosis: _____

ICD Code: _____ Date of diagnosis: _____

[] Keratinization skin disorders (including icthyoses, Darier's disease, and palmoplantar keratoderma)

Diagnosis: _____

ICD Code: _____ Date of diagnosis: _____

[] Erythroderma (exfoliative dermatitis)

ICD Code: _____ Date of diagnosis: _____

[] Papulosquamous skin disorders not listed elsewhere (including lichen planus, large or small plaque parapsoriasis, pityriasis lichenoides et varioliformis acuta (PLEVA), lymphomatoid papulosis, mycosis fungoides and pityriases rubra pilaris (PRP))

Diagnosis: _____

ICD Code: _____ Date of diagnosis: _____

[] Hyperhidrosis

ICD Code: _____ Date of diagnosis: _____

[] Vitiligo

ICD Code: _____ Date of diagnosis: _____

[] Bullous disorders (including pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa acquisita, benign chronic familial pemphigus (Hailey-Hailey), and porphyria cutanea tarda)

Diagnosis: _____

ICD Code: _____ Date of diagnosis: _____

[] Cutaneous manifestations of collagen-vascular diseases not listed elsewhere (including scleroderma, calcinosis cutis, and dermatomyositis)

Diagnosis: _____

ICD Code: _____ Date of diagnosis: _____

[] Chloracne

ICD Code: _____ Date of diagnosis: _____

[] Discoid lupus or subacute cutaneous lupus erythematosus

ICD Code: _____ Date of diagnosis: _____

[] Erythema multiforme (toxic epidermal necrolysis)

ICD Code: _____ Date of diagnosis: _____

[] Primary cutaneous vasculitis

ICD Code: _____ Date of diagnosis: _____

[X] Other skin condition

Other diagnosis #1: CHRONIC ECZEMATOUS DERMATITIS OF HANDS, LEGS, SCALP, AND CHEST

ICD Code: L20 Date of diagnosis: 2004

Other diagnosis #2: _____

ICD Code: _____ Date of diagnosis: _____

Other diagnosis #3: _____

Name: [redacted]
VA Claim Number:
Contractor: VES

ICD Code: _____ Date of diagnosis: _____

SECTION II - MEDICAL HISTORY

2A. Describe the history (including onset and course) of the Veteran's skin conditions (brief summary):

For the Established Compensation Condition of - CHRONIC ECZEMATOUS DERMATITIS OF HANDS, LEGS, SCALP, AND CHEST

Date of onset: 1984

Details of onset: Notice of itching and scaling of the skin mainly on the palms during his tenure with the Air Force. He was a RADAR technician, with reported exposure to organic solvents. Later there was notice of an itchy scaly rash located on the arms and lower legs. He was initially seen for compensation and pension exam last 2004, where a diagnosis of chronic eczematous dermatitis was made. He was seen at the [redacted]VA dermatology also for this condition.

Course of the condition since onset:
[] Progressed/Worsened
[] Stayed the same
[X] Improved
[] Resolved
[] Other, please describe:

Current symptoms (or state if the condition has resolved): Veteran reported persistent itching and scaling on the forearms and lower legs. He was seen for this condition at the dermatology section of the [redacted]VA. They prescribed clobetasol cream to be used as needed, Pramoxine lotion for the itching and UVB phototherapy.

Any treatment, medications or surgery? Clobetasol

pramoxine

Eucerin (Over the counter)

2B. Resolved skin conditions – Did the Veteran previously have a skin condition that is now completely resolved and no longer requires treatment of any type? *(brief summary)*:

None

2C. Comments, if any:

SECTION III - TREATMENT

3A. Has the Veteran been treated with medication in the past 12 months for any skin condition?
[X] Yes [] No

If yes, check all that apply:
[X] Corticosteroids or other immunosuppressive medications

(If checked, list medication(s)):
Clobetasol

(Specify condition medication used for):
Dermatitis

(Specify the route of administration):
[] Oral
[] Injection
[] Intranasal
[] Suppository
[X] Topical
[] Other:

Name: [redacted]
VA Claim Number:
Contractor: VES

(Total duration of medication use in past 12 months):
[] < 6 weeks [X] 6 weeks or more, but not constant [] Constant/near-constant

[X] Antihistamines
(If checked, list medication(s)):
Pramoxine

(Specify condition medication used for):
Dermatitis

(Specify the route of administration):
[] Oral
[] Injection
[] Intranasal
[] Suppository
[X] Topical
[] Other:

(Total duration of medication use in past 12 months):
[] < 6 weeks [X] 6 weeks or more, but not constant [] Constant/near-constant

[] Retinoids
(If checked, list medication(s)):

(Specify condition medication used for):

(Specify the route of administration):
[] Oral
[] Injection
[] Intranasal
[] Suppository
[] Topical
[] Other:

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] Sympathomimetics
(If checked, list medication(s)):

(Specify condition medication used for):

(Specify the route of administration):
[] Oral
[] Injection
[] Intranasal
[] Suppository
[] Topical
[] Other:

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] Biologics
(If checked, list medication(s)):

Name: [redacted]
VA Claim Number:
Contractor: VES

(Specify condition medication used for):

(Specify the route of administration):
[] Oral
[] Injection
[] Intranasal
[] Suppository
[] Topical
[] Other:

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] Other medication
(If checked, list medication(s)):

(Specify condition medication used for):

(Specify the route of administration):
[] Oral
[] Injection
[] Intranasal
[] Suppository
[] Topical
[] Other:

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] Other medication
(If checked, list medication(s)):

(Specify condition medication used for):

(Specify the route of administration):
[] Oral
[] Injection
[] Intranasal
[] Suppository
[] Topical
[] Other:

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

NOTE: If a medication is used for more than one condition, provide names of all conditions, name of medication used for each condition, and frequency of use for each condition:

3B. Has the Veteran had any treatments or procedures other than systemic or topical medications in the past 12 months for any skin condition?
[X] Yes [] No

If yes, check all that apply:
[X] **Phototherapy such as ultraviolet-B light (UVB) treatment**

Name: [redacted]
VA Claim Number:
Contractor: VES

(If checked, date of most recent treatment): 6/2022

(Specify condition treated): Dermatitis

(Total duration of medication use in past 12 months):
[] < 6 weeks [X] 6 weeks or more, but not constant [] Constant/near-constant

[] **Photochemotherapy (to include PUVA (psoralen with long wave ultraviolet A light)) treatment**
(If checked, date of most recent treatment): _____

(Specify condition treated):

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] **Electron beam therapy**
(If checked, date of most recent treatment): _____

(Specify condition treated):

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] **Intensive light therapy**
(If checked, date of most recent treatment): _____

(Specify condition treated):

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] **Other treatment *(Specify treatment):***

(If checked, date of most recent treatment): _____

(Specify condition treated):

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

[] **Other treatment *(Specify treatment):***

(If checked, date of most recent treatment): _____

(Specify condition treated):

(Total duration of medication use in past 12 months):
[] < 6 weeks [] 6 weeks or more, but not constant [] Constant/near-constant

SECTION IV - PHYSICAL EXAM

4A. Indicate the Veteran's visible characteristic lesions due to the skin condition(s); indicate the approximate total body area and approximate total ***EXPOSED*** body area *(face, neck and hands)* affected on current examination *(check all that apply)*:

[X] Dermatitis

Total body area	[] None	[] < 5%	[X] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[X] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Eczema

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Dermatophytosis

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Bullous disorder

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Cutaneous manifestations of collagen vascular disorders not listed elsewhere

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Psoriasis

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Infections of the skin not listed elsewhere

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Papulosquamous disorders not listed elsewhere

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Diseases of keratinization

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Discoid lupus erythematosus

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Other
Indicate diagnosis:

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Other
Indicate diagnosis:

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

[] Other
Indicate diagnosis:

Total body area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%
EXPOSED area	[] None	[] < 5%	[] 5% to < 20%	[] 20% to 40%	[] > 40%

Does the Veteran have a skin condition currently without any visible characteristic lesions at the time of the examination?
[] Yes [X] No

4B. For each skin condition checked in item 4A, give specific diagnosis and describe appearance and location:
Specific diagnosis:
Dermatitis
Describe appearance:
Scaly plaque lesions on the forearms and shins
Describe location:
Shin, forearm, bilateral

SECTION V - SPECIFIC SKIN CONDITIONS

5. Indicate the Veteran's specific skin conditions and complete all applicable subsequent questions *(check all that apply)*:
[] Acne
(If checked, indicate severity and location (check all that apply)):
[] Superficial acne (comedones, papules, pustules) of any extent
[] Deep acne (deep inflamed nodules and pus-filled cysts)
[] Affects less than 40% of face and neck

Name: [redacted]
VA Claim Number:
Contractor: VES

[] Affects 40% or more of face and neck
[] Affects body areas other than face and neck

[] Chloracne
(If checked, indicate severity and location (check all that apply)):
[] Superficial acne (comedones, papules, pustules) of any extent
[] Deep acne (deep inflamed nodules and pus-filled cysts)
[] Affects less than 40% of face and neck
[] Affects 40% or more of face and neck
[] Affects intertriginous areas (axilla of the arm, anogential region, skin folds of the breasts, or between digits)
[] Affects non-intertriginous body areas other than face and neck

[] Vitiligo
(If checked, indicate areas affected by vitiligo):
[] Exposed areas affected
[] No exposed areas affected

[] Scarring alopecia
(If checked, indicate percent of scalp affected):
[] < 20 % [] 20 to 40% [] > 40%

[] Alopecia areata
(If checked, indicate amount of hair loss):
[] Hair loss limited to scalp and face
[] Loss of all body hair
[] Other, describe:

[] Hyperhidrosis
(If checked, indicate severity):
[] Able to handle paper or tools after treatment
[] Unresponsive to treatment; unable to handle paper or tools

[] Urticaria, chronic
Has the Veteran ever had a break in treatment?
[] Yes [] No

If "Yes," did he/she experience symptoms at least twice a week for six weeks or more?
[] Yes [] No

Indicate the type of treatment the Veteran is currently receiving:
[] First line treatment
[] Antihistamines
[] Other:

[] Second line treatment
[] Corticosteroids
[] Sympathomimetics
[] Leukotriene inhibitors
[] Neutrophil inhibitors
[] Thyroid hormone
[] Other:

[] Third line treatment
[] Plasmapheresis
[] Immunotherapy
[] Immunosuppressives
[] Other:

[] Vasculitis, primary cutaneous
Frequency of documented vasculitis episodes occurring over the past 12 months:

Name: [redacted]
VA Claim Number:
Contractor: VES

[] None
[] 1 to 3
[] 4 or more

Has the Veteran required the use of systemic immunosuppressive therapy over the past 12 months?
[] Yes [] No

If "Yes," check the applicable frequency:
[] Intermittent
[] Continuous

Has the Veteran continued to have vasculitis episodes despite continuous systemic immunosuppressive therapy over the past 12 months?
[] Yes [] No

[] Erythroderma (exfoliative dermatitis)
(If checked, is there erythroderma/exfoliative dermatitis with any extent of involvement of the skin)?
[] Yes [] No

(If yes, check all that apply):
[] Generalized involvement of the skin with systemic manifestations (such as fever, weight loss, or hypoproteinemia)
[] Generalized involvement of the skin without systemic manifestations
[] No current treatment due to a documented history of treatment failure with 2 or more treatment regimens
[] No current treatment due to a documented history of treatment failure with 1 treatment regimen

NOTE: Treatment failure is defined as either disease progression, or less than a 25 percent reduction in the extent and severity of disease after four weeks of prescribed therapy, as documented by medical records.

[] Erythema multiforme; toxic epidermal necrolysis
(If checked, indicate severity and frequency):
[] Mucusal involvement
[] Impairing mastication
[] Without recurrent episodes
[] Four or more episodes over the past 12-month period
[] Not impairing mastication
[] One to three episodes over the past 12-month period

[] Palmar involvement
[] Impairing use of hands
[] Without recurrent episodes
[] Four or more episodes over the past 12-month period
[] Not impairing use of hands
[] One to three episodes over the past 12-month period

[] Plantar involvement
[] Impairing ambulation
[] Without recurrent episodes
[] Four or more episodes over the past 12-month period
[] Not impairing ambulation
[] One to three episodes over the past 12-month period

Indicate the type of treatment the Veteran is currently receiving:
[] Ongoing immunosuppressive therapy
[] Intermittent systemic therapy (immunosuppressives, antihistamines, or sympathomimetics)
[] Continuous systemic medication for control

[X] Veteran does not have any of the specific skin conditions listed above.

SECTION VI – TUMORS AND NEOPLASMS

6A. Does the Veteran have a benign or malignant neoplasm or metastases related to any of the diagnoses in the Diagnosis section?
[] Yes [X] No

(If "Yes," complete items 6B through 6D)
6B. Is the neoplasm
[] Benign
[] Malignant
(If malignant, indicate status of disease):
[] Active
[] Surgery *(if checked, describe):*

Name: [redacted]
VA Claim Number:
Contractor: VES

[] Antineoplastic chemotherapy

[] Radiation

[] X-ray treatment

[] Watchful waiting

[] Other *(if checked, describe):*

Anticipated date of final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other):

[] Remission

[] Surgery *(if checked, describe):*

[] Antineoplastic chemotherapy

[] Radiation

[] X-ray treatment

[] Watchful waiting

[] Other *(if checked, describe):*

Date treatment was completed or date of anticipated final treatment (surgical, antineoplastic chemotherapy, radiation, X-ray treatment, or other):

6C. Does the Veteran currently have any residual conditions or complications due to the neoplasm (including metastases) or its treatment, other than those already documented in the report above?
[] Yes [] No

(If "Yes," list residual conditions and complications - brief summary):

6D. If there are additional benign or malignant neoplasms or metastases related to any of the diagnoses in the Diagnosis section, describe using the above format:

SECTION VII – SCARRING AND DISFIGUREMENT

7. Do any of the Veteran's skin conditions cause scarring (regardless of location), or disfigurement of the head, face or neck?
[] Yes [X] No
(If "Yes," complete the Scars/Disfigurement DBQ)

SECTION VIII - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS

8A. Does the Veteran have any other pertinent physical findings, complications, conditions, signs and/or symptoms related to any conditions listed in the Diagnosis section above?
[] Yes [X] No

(If "Yes," describe and complete the appropriate DBQ):

8B. Comments, if any:

SECTION IX - FUNCTIONAL IMPACT

9. Do any of the Veteran's skin conditions impact his or her ability to work?
[] Yes [X] No

(If "Yes," describe impact of each of the Veteran's skin conditions, providing one or more examples):

SECTION X – REMARKS

10. Remarks *(If any)*:

Veteran accompanied in this visit by his spouse, [redacted]

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening findings in this examination (not limited to claimed condition(s))?
[] Yes [X] No

If multiple skin conditions are found, what is the combined percentage (%) affecting the **total body**?

[X] N/A

If multiple skin conditions are found, what is the combined percentage (%) affecting the **exposed areas** (hands, face, and neck)?

[X] N/A

Additional Question 1: PLEASE ACKNOWLEDGE THAT ALL RELEVANT RECORDS PERTAINING TO THE VETERAN'S CONDITIONS HAVE BEEN REVIEWED.

Answer Question 1: Yes

Additional Question 2: THE VETERAN'S ESTABLISHED DIAGNOSIS IS CHRONIC ECZEMATOUS DERMATITIS OF HANDS, LEGS, SCALP, AND CHEST.

IF YOU HAVE PROVIDED ANY ADDITIONAL DIAGNOSES, OR IF THE ESTABLISHED DIAGNOSIS HAS CHANGED IN ANY WAY, PLEASE SELECT AT LEAST ONE FROM THE FOLLOWING:

A. THERE IS NO CHANGE IN THE SERVICE CONNECTED DIAGNOSIS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.
B. THE NEW DIAGNOSIS IS A CORRECTION OF THE PREVIOUS DIAGNOSIS.
C. THERE IS A WORSENING OF THE VETERAN'S SYMPTOMS HOWEVER NO CHANGE TO THE SERVICE CONNECTED DIAGNOSIS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.
D. ADDITIONAL CONDITIONS WERE FOUND WHICH ARE DIRECTLY DUE TO OR RELATED TO THE SERVICE CONNECTED DIAGNOSIS (I.E. A PROGRESSION).
E. ADDITIONAL CONDITIONS WERE FOUND WHICH ARE UNRELATED TO THE SERVICE CONNECTED DIAGNOSIS (I.E. A NEW AND SEPARATE CONDITION).
FOR OPTION E, PLEASE SPECIFY WHICH OF THE VETERAN'S SYMPTOMS AND FINDINGS CORRESPOND WITH EACH DIAGNOSIS, IF FEASIBLE.
F. THE SERVICE CONNECTED DIAGNOSIS HAS RESOLVED.

Answer Question 2: A. THERE IS NO CHANGE IN THE SERVICE CONNECTED DIAGNOSIS AND NO ADDITIONAL DIAGNOSES HAVE BEEN RENDERED.

Additional Question 3: FOR OPTIONS OTHER THAN A AND C PLEASE PROVIDE YOUR MEDICAL RATIONALE.
Answer Question 3: N/A

Name: [redacted]
VA Claim Number:
Contractor: VES