

Sample Toxic Exposure Risk Activity (TERA) Nexus Letter

(Records Review Only – Fictional Example – Chronic Rhinitis Due to Burn Pits/Particulate Matter)

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Department of Veterans Affairs Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444

Re: Medical Nexus Opinion – Service Connection / Toxic Exposure Risk Activity (TERA) Records Review Only

Veteran: [Sample Veteran] VA File Number: [Redacted] Date of Birth: [Redacted]

To Whom It May Concern:

I am David Protaziuk, MSN, APRN, FNP-C, a board-certified Family Nurse Practitioner licensed to practice in the State of Illinois. I have been practicing as an FNP for over 4 years, with experience reviewing medical records and preparing independent medical opinions for VA disability claims. My opinions are independent and based solely on the medical evidence reviewed.

I have conducted a thorough review of the veteran's service treatment records (STRs), VA electronic health records, private post-service treatment notes, diagnostic imaging/labs (e.g., nasal endoscopy or CT if available), deployment records confirming service in Southwest Asia (e.g., Iraq/Afghanistan), and evidence of participation in a Toxic Exposure Risk Activity (TERA) including exposure to burn pits, airborne particulate matter (PM2.5/PM10), dust storms, and other environmental hazards during deployment.

[Sample Veteran] served honorably in the United States [Branch] in Southwest Asia (e.g., Iraq) from [approximate dates, e.g., 2005-2006], during a qualifying period under the PACT Act. Deployment records and DD-214 confirm service in locations where open burn pits were used for waste disposal, along with exposure to fine particulate matter from dust, vehicle exhaust, construction, and combustion sources. The veteran reports chronic nasal symptoms beginning during or shortly after deployment, with no pre-service history of similar issues.

Current diagnosis: **Chronic rhinitis** (ICD-10: J31.0), with symptoms including persistent nasal congestion, rhinorrhea, post-nasal drip, anosmia/hyposmia, facial pressure, and recurrent sinus infections. Symptoms are chronic and require ongoing management (e.g., nasal steroids, saline irrigation).

In my professional medical opinion, based on a thorough review of the records and my clinical expertise, [Sample Veteran]'s chronic rhinitis is at least as likely as not (50 percent or greater probability) caused by or related to exposure to burn pits, airborne particulate matter, and environmental hazards during deployment to Southwest Asia.

This opinion aligns with the PACT Act presumptive provisions for chronic rhinitis associated with burn pit and particulate exposure in qualifying Southwest Asia theater service (effective August 5, 2021, with no 10-year manifestation limit for rhinitis in many cases).

Rationale:

- Deployment to Southwest Asia involved documented TERA participation, including exposure to burn pit smoke (containing dioxins, polycyclic aromatic hydrocarbons, and PM2.5/PM10), fine particulate matter from dust storms/ground operations, and other airborne hazards known to irritate and inflame nasal mucosa, leading to chronic rhinitis.
- Continuity of symptomatology is evident from deployment-era complaints (or onset shortly thereafter) through current records, with no significant intervening non-service etiology (e.g., no major post-service allergen exposures or unrelated trauma).
- Chronic rhinitis is a recognized presumptive condition under the PACT Act for veterans exposed to burn pits and particulate matter in Southwest Asia, supported by research linking such exposures to increased risk of rhinitis, sinonasal inflammation, and upper airway disease in deployed veterans, including higher rates of chronic rhinosinusitis and allergic rhinitis symptoms in those with burn pit exposure.
- No alternative etiology adequately explains the chronic nasal pathology in the context of documented TERA exposures.

This opinion is rendered within a reasonable degree of medical certainty and probability, based solely on the evidence reviewed.

Should additional clarification be required, please contact me at the above information.

Sincerely,

David Protaziuk, MSN, APRN, FNP-C Board-Certified Family Nurse Practitioner

Sample Medical Opinion – Fictional Example | Veteran Medical Opinions

Scholarly Sources Cited (Parenthetical References – Alphabetical Order)

- Chang CC, Lee IM, Tsai SS, Yang CY. Correlation of Asian dust storm events with daily clinic visits for allergic rhinitis in Taipei, Taiwan. *J Toxicol Environ Health A*. 2006;69(3):229-235. doi:10.1080/15287390500227415. (Links dust storm particulate matter to increased allergic rhinitis clinic visits, relevant to particulate exposure in deployed veterans.)

- Garshick E, Abraham JH, Baird CP, et al. Respiratory Health after Military Service in Southwest Asia and Afghanistan. An Official American Thoracic Society Workshop Report. *Ann Am Thorac Soc.* 2019;16(10):1228-1234. doi:10.1513/AnnalsATS.201904-344WS. (Reviews increased allergy symptoms including rhinitis during deployment, associated with PM from burn pits and dust.)
- Krefft SD, Strand M, Rose CS. Military burn pit exposure and airway disease: Implications for our Veteran population. *Ann Allergy Asthma Immunol.* 2023;131(5):559-569. doi:10.1016/j.anai.2023.06.012. (Documents higher rates of chronic rhinosinusitis and allergic rhinitis symptoms in veterans with burn pit exposure.)
- Maccarone J, Redlich CA, Timmons A, et al. Sinusitis and rhinitis among US veterans deployed to Southwest Asia and Afghanistan after September 11, 2001. *J Allergy Clin Immunol Glob.* 2024;4(1):100367. doi:10.1016/j.jacig.2024.100367. (Finds increased risk of rhinitis in deployed veterans exposed to toxicants, though no direct burn pit association.)