

**COAST GUARD PHYSICAL DISABILITY EVALUATION BOARD
FINDINGS AND RECOMMENDED DISPOSITION**

(Continuation Sheet)

1. Name <i>(Last, First, Middle)</i>	2. Grade or Rate	3. Employee Identification No.	4. Date
--------------------------------------	------------------	--------------------------------	---------

FINDINGS (Continued From CGHQ-4808)

FINDINGS	(N) WILLFUL NEGLECT	(M) INTENTIONAL MISCONDUCT	(A) UN- AUTHORIZED ABSENCE	INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY (YES OR NO)	PROXIMATE RESULT OF PERFORMANCE OF ACTIVE DUTY OR INACTIVE DUTY TRAINING OR INCURRED IN LINE OF DUTY DURING WAR OR NATIONAL EMERGENCY (YES OR NO)	DISABILITY IS COMBAT RELATED* (YES OR NO) (SW, IN, HS, AC)	DISABILITY PERCENTAGE	VASRD DIAGNOSTIC CODE NUMBER
10.	11.			12.	13.	14.	15.	16.

17. COMBINED PERCENTAGE OF DISABILITY ►

* Your disability resulted from a combat related injury as defined by 26.U.S.C. 104. For additional information, you should contact the Department of Veterans Affairs.

(Signature of Evaluee)

(Date)

(Signature of Legal Counsel)

(Date)

FOR PSD-de USE ONLY Member signed facsimile copy of CGHQ-4808, dated _____

PRIVACY ACT STATEMENT

Authority: 45 CFR 164.520 and DoD 6025.18-R.

Purpose: To provide USCG active duty or reserve member with the findings and recommended disposition of the Physical Disability Evaluation System (PDES).

Routine Uses: Authorized USCG personnel will use this information for physical disability evaluation determinations. Any external discloses of this data will be in accordance with DHS/USCG-010, Physical Disability Evaluation System Files, 73 Federal Register (FR) 77768, December 19, 2008.

Disclosure: Voluntary.