

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

MEDICAL BOARD REPORT COVER SHEET

SECTION A. TO BE COMPLETED BY CONVENING AUTHORITY

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| <p>1. FROM:</p> <p>TO: COMMANDER CG PERSONNEL SERVICE CENTER ATTN: PSD-MED US COAST GUARD STOP 7200 2703 MARTIN LUTHER KING JR AVE SE WASHINGTON DC 20593-7200</p> <p>VIA:</p> | <p>2. NAME:</p> <p>3. DUTY STATION (Include Address & Phone Number)</p> <p>While awaiting final action, Member transferred to:</p> <p>Work #: _____ Home #: _____</p> |
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|--|--|--|--|--|
| 4. SSN: | 5. GRADE/RATE | 6. MEMBER STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE (NOE Attached) | 7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 8. LENGTH OF ACTIVE DUTY SERVICE: YEARS MONTHS |
| 9. CAUSE OF INJURY (N/A for illness) | 10. LOD INVESTIGATION (Must be attached to the board) <input type="checkbox"/> YES <input type="checkbox"/> NO | | 11. SEPARATION FROM SERVICE PENDING: <input type="checkbox"/> VOLUNTARY SEPARATION OR RETIREMENT- EXPECTED DATE: _____ | |
| 12. MISCONDUCT PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO | 13. EXPIRATION OF ENLISTMENT | | <input type="checkbox"/> INVOLUNTARY/MANDATORY SEPARATION - EXPECTED DATE: _____ | |

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|---|------|---------|-----------|
| 14. COPY OF RETENTION LETTER ATTACHED IAW MILITARY SEPARATIONS MANUAL <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 15. CONVENING AUTHORITY | RANK | SERVICE | SIGNATURE |

SECTION B. TO BE COMPLETED BY MEDICAL UNIT

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| 16. DATE OF BOARD | EPTC CODES: 1. NOT AGGRAVATED BY SERVICE - EPTC 2. AGGRAVATED BY SERVICE - EPTC 3. DNEPTC | | |
| | ICD-9-CM | DIAGNOSIS | EPTC (Origin) |
| 16a. PRIMARY DIAGNOSIS: <input type="checkbox"/> | | | |
| 16b. SECOND DIAGNOSIS: <input type="checkbox"/> | | | |
| 16c. THIRD DIAGNOSIS: <input type="checkbox"/> | | | |
| 16d. FOURTH DIAGNOSIS: <input type="checkbox"/> | | | |
| 16e. FIFTH DIAGNOSIS: <input type="checkbox"/> | | | |
| 16f. SIXTH DIAGNOSIS: <input type="checkbox"/> | | | |
| 16g. SEVENTH DIAGNOSIS: <input type="checkbox"/> | | | |
| 16h. EIGHTH DIAGNOSIS: <input type="checkbox"/> | | | |
| 17. REMARKS LIMITED DUTY EXPIRES ON: _____ LIMITATIONS ARE: _____ | | | |



18. ENCLOSURES:

- | | | |
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| <input type="checkbox"/> COMMAND ENDORSEMENT | <input type="checkbox"/> NOTICE OF ELIGIBILITY FOR RESERVIST (CG-4671) | <input type="checkbox"/> CG-4920 (PATIENT'S STATEMENT OF RIGHTS) |
| <input type="checkbox"/> EXTRACTS FROM HEALTH RECORD | <input type="checkbox"/> COPY OF DD-2808 & DD-2807-1M EPS & CAPE MAY | <input type="checkbox"/> SIGNED MEMBER'S REBUTTAL |
| <input type="checkbox"/> LINE OF DUTY INVESTIGATION | <input type="checkbox"/> COPY OF REQUEST FOR RETENTION LETTER W/ COMMAND ENDORSEMENT | <input type="checkbox"/> OTHER _____ |

| 19. | BOARD MEMBERS | RANK | SERVICE | SIGNATURE |
|--|---------------|------|---------|-----------|
| SENIOR MEMBER (Must be a physician) | | | | |
| MEMBER | | | | |
| ALTERNATE MEMBER or PSYCHIATRIST | | | | |

Privacy Act Statement

Authority: The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 10 U.S.C. 1073d; and 14 U.S.C. 5052.

Purpose: The Coast Guard will use this information for submission of the Evaluator's findings of the Medical Board Report.

Routine Uses: The information will be used by the Physical Disability Evaluation System file and related medical and other records that may be protected by the Privacy Act or the Healthcare Information Portability and Accountability Act to Coast Guard Legal and Defense Services (Commandant, LMA).

Disclosure: Furnishing this information (including your EMPLID) is voluntary; however, failure to furnish the requested information may delay or prevent the resolution of the medical board.

