

(Medical Facility)

EVALUEE'S STATEMENT REGARDING THE FINDING OF THE MEDICAL BOARD REPORT

I, _____, am hereby informed that the medical board of _____ convened in my case made the following findings: _____ (Date)

DIAGNOSES:

- (1) _____ (3) _____
- (2) _____ (4) _____

RECOMMENDATIONS:

- Satisfies Medical Retention Standards
- Does Not Satisfy Medical Retention Standards, Refer to Commander, Personnel Command (CGPC-adm)
- Unsuitable for Duty for reasons other than physical disability
- Fit for Limited Duty for a period of _____ with the following limitations:

I believe that all my impairments have been evaluated adequately by the Medical Board Report.

I understand that the Medical Board's Report with my rebuttal, if any, will become part of my official record.

I further understand that the Medical Board Report's opinions and recommendations are not binding on the Coast Guard and that my case will be subjected to review and final disposition by higher authority.

EVALUEE MUST EXECUTE STATEMENT 1 OR 2 AND 3

- _____ 1. I do not desire to submit a statement in rebuttal to the above findings and recommendations.
- _____ 2. I desire to submit a rebuttal to the above findings and recommendations which will become part of my official record.
- _____ 3. I hereby consent to release my 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 & Defense Services (COMDT, CG-LMA). Examples of protected information include, but are not limited to, medical records from military or civilian health-care providers, and administrative information from the Coast Guard or other sources. This consent also includes release of related information that may be developed in the future. Unless sooner revoked, this consent expires the day after the Final Approving Authority acts to close my case. I desire advice and counsel as soon as reasonably possible after Medical Evaluation Board findings are issued.

(Name of Evaluatee)

(Name of Witness)

(Signature of Evaluatee)

(Date)

(Signature of Witness)

(Date)

PRIVACY ACT STATEMENT

1. **Authority:** The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 5 U.S. .C. § 552a.
2. **Purpose:** The Coast Guard will use this information for the Evaluatee's statement regarding the finding/s of the Medical Board Report.
3. **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).
4. **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.

