Headquarters
United States Army, Europe, and Seventh Army
United States Army Installation Management Agency
Europe Region Office
Heidelberg, Germany

Army in Europe
Pamphlet 40-501

Medical Services

Guide for Physical Profiling, MOS/Medical Retention Boards, Medical Evaluation Boards, and Physical Evaluation Boards

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Summary. This pamphlet provides information to help commanders, Soldiers, and medical treatment personnel better understand physical profiling, the Physical Performance Evaluation System, and the Physical Disability Evaluation System.

Applicability. This pamphlet applies to personnel in the Army in Europe.

This pamphlet is available at https://www.aeaim.hqusareur.army.mil/library/.

Forms. AE and higher level forms are available through the Army in Europe Publishing System (AEPUBS) at *https://aepubs.army.mil*.

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SECTION I
GENERAL

1. PURPOSE
This pamphlet provides procedures and timelines for military occupational specialty/medical retention board (MMRB) and medical evaluation board (MEB) processes in the European theater. It also provides sample documents and checklists for commanders and physicians to use to help streamline these processes and prevent common mistakes. Although this pamphlet is comprehensive, it does not provide indepth information about all topics and should be used with the references in appendix A.

2. REFERENCES
Appendix A lists references.

3. EXPLANATION OF ABBREVIATIONS AND TERMS
The glossary defines abbreviations and terms.

SECTION II
THE PHYSICAL PROFILE SERIAL SYSTEM

4. OVERVIEW
The Physical Profile Serial System classifies Soldiers according to their functional abilities in six body systems, which are referred to as PULHES factors (para 6). All Soldiers are assigned a profile serial code on DD Form 2808 with their initial physical examination on entry into the Army. A PULHES serial code of *111111* indicates that the Soldier has no physical limitations in any body system.

5. PHYSICAL PROFILE
A physical profile is a determination made by a clinical practitioner (for example, audiologist, dentist, licensed clinical psychologist, nurse midwife, nurse practitioner, optometrist, physician, physician assistant, podiatrist) on the functional limitations of a Soldier. Clinical practitioners who determine profiles are called profiling officers. AR 40-501, chapter 7, provides instructions for profiling officers. A profile may be either temporary or permanent.

6. PULHES FACTORS
The following PULHES factors are considered when classifying Soldiers:

a. P: Physical capacity or stamina. This includes organ systems and organic defects that do not fall under any of the other specified systems.

b. U: Upper extremities. This includes the thoracic and cervical spine and the shoulders.

c. L: Lower extremities. This includes the hips and the lumbar and sacral spine.

d. H: Hearing and ears.

e. E: Eyes.

f. S: Psychiatric.

7. NUMERICAL DESIGNATORS

Four numerical designators are assigned when a Soldier's functional capacity in each of the six PULHES factors is evaluated. AR 40-501, table 7-1, provides guidance for assigning numerical designators. The functional capacity, not the defect, is evaluated in determining the numerical designator of 1, 2, 3, or 4.

a. A profile with a numerical designator of 1 in all factors indicates that the Soldier has a high level of medical fitness.

b. A profile with a numerical designator of 2 in one or more factors indicates that the Soldier has a medical condition or physical defect that may limit some activities.

c. A profile with a numerical designator of 3 in one or more factors indicates that the Soldier has one or more medical conditions or physical defects that may require significant limitations to the Soldier's activities. Limitations are considered significant if they affect the Soldier's deployability, ability to perform basic Soldier duties (DA Form 3349, block 5) (fig 1), or ability to perform the duties required of his or her primary military occupational specialty (PMOS). If a Soldier is unable to run or take an alternate aerobic event for the Army physical fitness test (APFT), or if any item on DA Form 3349, block 5, is marked *NO*, in most cases the numerical designator should be at least a 3 to ensure that the Soldier's case will be reviewed by an MMRB or an MEB.

d. A profile with a numerical designator of 4 in one or more factors indicates that the Soldier has one or more medical conditions or physical defects of such severity that his or her military duty must be drastically limited.

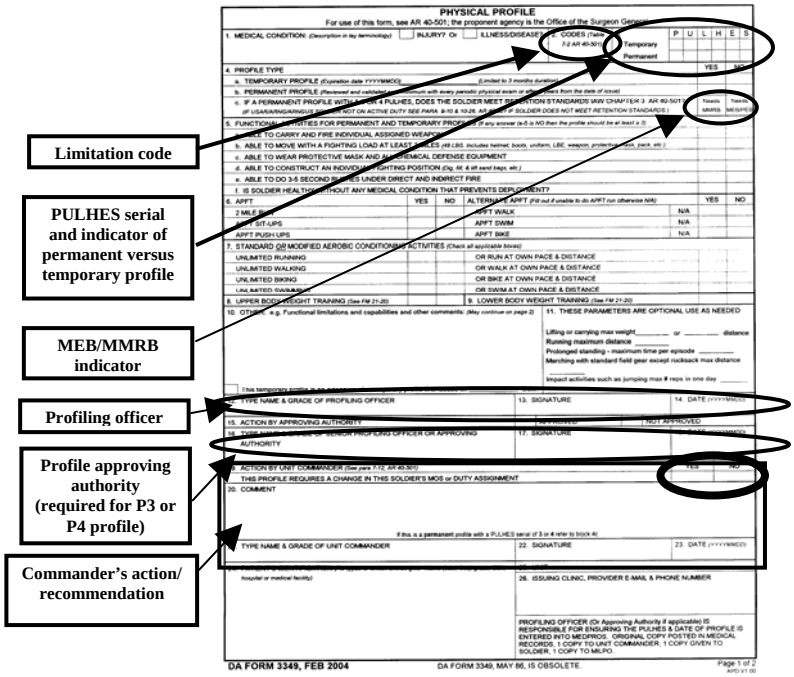

Figure 1. Overview of DA Form 3349

e. Soldiers who meet retention standards according to AR 40-501, chapter 3, but have a PULHES numerical designator of 3 or 4 will be referred to an MMRB in accordance with AR 600-60, unless waived by the MMRB convening authority.

f. Soldiers who have a permanent profile with a numerical designator of 3 or 4 in one or more categories (commonly referred to as a P3 or P4 profile) are nondeployable until their case is reviewed by an MEB or an MMRB.

g. Figures 2 and 3 provide information on processing P2, P3, and P4 profiles.

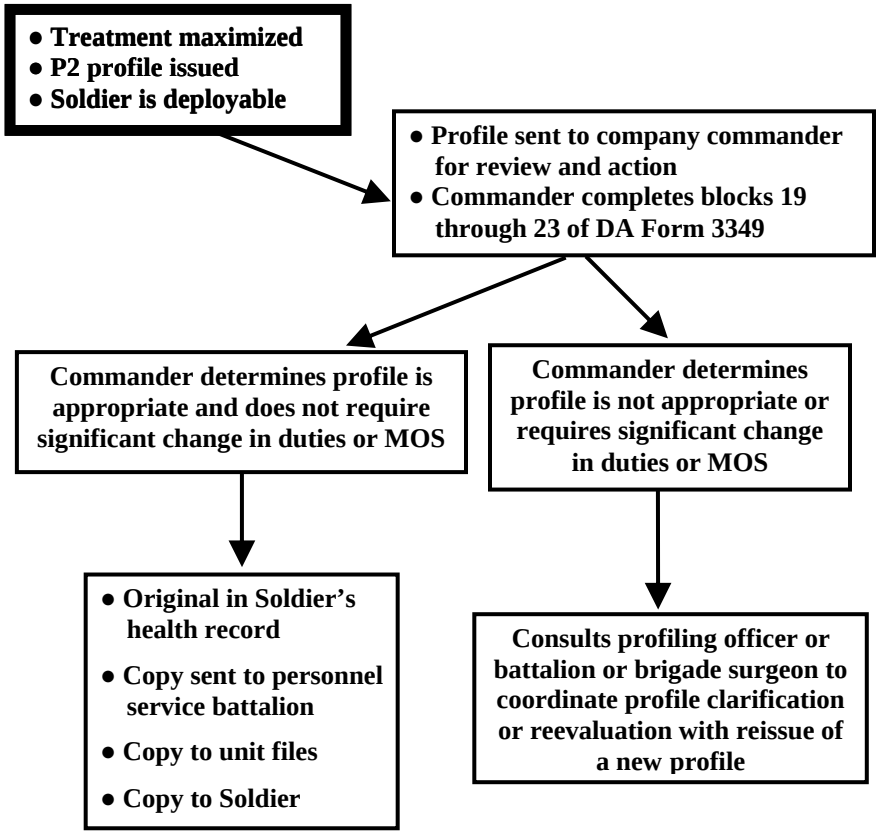

Figure 2. Processing P2 Profiles

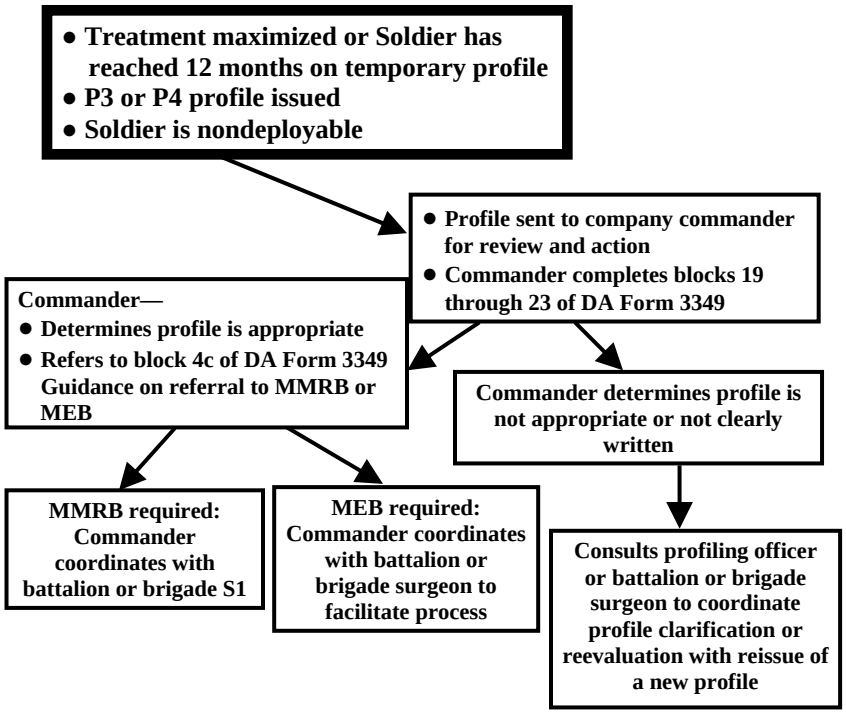

Figure 3. Processing P3 and P4 Profiles

8. PROFILES AND THE APFT

a. No regulatory requirement mandates that a specific numerical designator be placed on a profile based solely on a Soldier's inability to perform the timed run of the APFT as long as—

(1) The Soldier can perform an alternate aerobic event.

(2) The Soldier's inability to run for prolonged periods does not adversely affect the Soldier's ability to perform the duties of his or her PMOS.

b. Soldiers with medical conditions that prevent them from performing the duties required by their military occupational specialty (MOS) or who cannot perform an aerobic event require at least a 3 in the numerical designator for the involved body system to indicate significant limitations. Limitations that are important for an infantryman (such as limitations against prolonged marching or wearing a rucksack for more than 2 miles) may not be as important for an imagery intelligence analyst.

9. TEMPORARY PROFILES

A temporary profile is given when a condition is considered temporary, the correction or treatment of the condition is medically advisable, and the correction will usually result in a higher physical capacity. Very short-term, temporary profiles with very narrow and specific limitations may be recorded on DD Form 689. Profiles that extend beyond 30 days must be recorded on DA Form 3349. Temporary profiles must specify the date of the original profile and an expiration date. If an expiration date is not specified, the profile will expire 30 days after the date of issue. Ideally, profiling officers should ensure that Soldiers who have been on a temporary profile for more than 4 months have their medical evaluation and treatment optimized. If a profile is needed beyond 12 months, the temporary profile must be converted to a permanent profile with its ensuing consequences.

10. PERMANENT PROFILES

Permanent profiles—

a. Must be recorded on DA Form 3349. Profiling officers (audiologists, dentists, occupational therapists, optometrists, orthopedic physician assistants, physical therapists, physicians, and podiatrists) may write permanent profiles with numerical designators of 1 or 2 within the limits of their specialty code. The signature of the

approving authority is not required on these profiles, but the profiles must be reviewed by the company commander.

b. With a designator of 3 or 4 require the signature of two profiling officers, one of whom must be the physician approving authority. If a profile with a 3 or 4 designator does not have the signature of a physician approving authority, the profile will be valid for only 30 days after the date of issue.

11. ROLES AND RESPONSIBILITIES OF PROFILING OFFICERS

Profiling officers will—

a. Make realistic recommendations—

(1) With the intent of identifying the Soldier's physical limitations to the Soldier and his or her commander.

(2) With the goal of preventing undue pain and suffering and the aggravation of medical conditions or injuries.

(3) That are legible, specific, and written in simple terms.

b. Avoid making recommendations on which duties or assignments Soldiers may perform. AR 40-501 states that *no field duty* and *no overseas duty* are improper medical recommendations.

c. Prescribe medical treatment and evaluations to return Soldiers to maximum function as soon as possible.

d. Evaluate Soldiers when a permanent profile is issued to ensure they meet retention standards according to AR 40-501, chapter 3; and refer Soldiers who do not meet retention standards to an MEB.

e. Review previous profiles before deciding to extend a temporary profile and annotate extensions on DA Form 3349, block 10.

f. Incorporate each Soldier's profile limitations on a single DA Form 3349.

g. Recommend permanent profile limitations when it is apparent that the Soldier will not return to full function or the Soldier has been on a temporary profile for 12 months, whichever comes first.

h. Include their telephone number and e-mail address on the DA Form 3349.

12. ROLES AND RESPONSIBILITIES OF PROFILE APPROVING AUTHORITIES

Profile approving authorities will—

a. Review the profiling officer's recommendations and ensure—

(1) Early optimization of medical care to return Soldiers to maximum duty performance and prevent them from requiring a temporary profile for more than 12 months.

(2) The PULHES serial assigned by the profiling officer is consistent with the physical limitations prescribed.

(3) The recommendation of the MMRB or MEB is consistent with the physical limitations prescribed.

(4) Profiling officers understand the significance of permanent profiles, the appropriate recommendation of an MMRB versus an MEB, and actions that are required of the profiling officer when an MMRB or MEB is recommended.

(5) When an MEB is recommended, that the Soldier is referred expeditiously to the physical evaluation board liaison officer (PEBLO) to begin the evaluation process.

b. Ensure the proper disposition of permanent profiles.

c. Ensure profiles that limit a Soldier's deployability are appropriately entered in the Medical Protection System (MEDPROS).

13. ROLES AND RESPONSIBILITIES OF PROFILED SOLDIERS

a. Profiled Soldiers will—

(1) Follow medical recommendations to promote their rapid return to maximum function.

(2) Discuss their limitations with their clinical practitioner to avoid overly restrictive limitations.

(3) Inform the profiling clinician of other existing profiles and previous profiles.

(4) Immediately inform their chain of command about their profile.

b. Appendix B provides a list of frequently asked questions and answers for Soldiers who have been given profiles.

14. ROLES AND RESPONSIBILITIES OF COMMANDERS

Commanders will—

a. Assign duties to profiled Soldiers commensurate with their prescribed limitations.

b. Evaluate physical or functional limitations recommended on profiles and determine if prescribed limitations seem excessive or

not restrictive enough based on their observations of the Soldier's activities.

c. Contact the profiling clinician to discuss prescribed limitations when the limitations are unclear, overly restrictive, insufficient to protect the Soldier, or exceed the 12-month limit on temporary profiles.

d. For permanent profiles, make an assessment on how the limitations affect the Soldier's ability to perform basic Soldier duties and the duties of his or her MOS; and complete sections 19 through 21 of DA Form 3349. The commander should include one of the following comments on the form:

> The limitations specified on this profile do not affect the Soldier's ability to perform basic Soldier duties or the duties of (his *or* her) MOS in a worldwide field environment.
>
> The limitations specified on this profile affect the Soldier's ability to perform the duties of (his *or* her) MOS in a worldwide field environment, but not basic Soldier duties.
>
> The limitations specified on this profile affect the Soldier's ability to perform basic Soldier duties in a worldwide field environment.

e. Ensure that a copy of any permanent profile is forwarded to the servicing personnel service battalion for inclusion in the Soldier's official military records.

f. Ensure that Soldiers issued a permanent profile with a numerical designator of 3 or 4 are appropriately flagged and referred to an MMRB or MEB.

15. DEPLOYABILITY, REASSIGNMENT, REENLISTMENT, AND PROMOTABILITY STATUS OF SOLDIERS WITH P3 OR P4 PROFILES

a. A Soldier is nondeployable effective the date he or she receives a P3 or P4 profile approved by the profile approving authority until one of the following occurs:

(1) The MMRB convening authority retains the Soldier.

(2) The United States Army Human Resources Command (HRC) approves the MMRB recommendation for reclassification.

(3) The Physical Disability Evaluation System (PDES) (PEB process) finds the Soldier fit.

b. According to AR 40-501, Soldiers pending an MMRB or MEB evaluation of a P3 or P4 profile must complete the evaluation before proceeding on reassignment.

(1) Soldiers outside the continental United States who are placed on probationary status by an MMRB may be reassigned to the continental United States. However, the losing command must notify the gaining command of the Soldier's probationary status and the need to schedule an MMRB reevaluation at the end of the probationary period.

(2) Assignment authorities may approve involuntary foreign service tour extensions in 60-day increments to await the outcome of an MMRB recommendation of reclassification or referral to the PDES. Extensions are not warranted to complete a probationary period.

c. Enlisted Soldiers pending MMRB action and follow-on actions may not reenlist. However, they may extend their enlistment if they are otherwise qualified.

d. Enlisted Soldiers are nonpromotable when pending evaluation by an MMRB or the PDES.

e. Soldiers pending MMRB evaluation remain eligible for field duty and temporary duty within the limits of their profiles. Commanders should ensure that such duty does not unduly delay the evaluation of the profile limitations by the MMRB.

16. DISPOSITION OF PROFILES

a. Permanent Profiles.

(1) The medical treatment facility (MTF) must ensure that copies of DA Form 3349 are sent to the following:

(a) The official health record.

(b) The unit commander.

(c) The Soldier.

(d) The Soldier's official military personnel file.

(2) Copies designated for the commander and the official military personnel file may not be delivered by the individual on whom the report is made.

b. Disposition of Temporary Profiles.

(1) The MTF must ensure that copies of temporary profiles are sent to the following:

(a) The official health record.

(b) The unit commander.

(c) The Soldier.

(2) Temporary profiles must not exceed 12 months.

c. Documentation of Profiles in MEDPROS.

(1) The facility originating the profile is responsible for entering the data into MEDPROS.

(2) Temporary profiles that affect a Soldier's deployability are entered as *YES* in the LDP (limited duty profile) category.

(3) Permanent profiles that are pending MMRB or MEB review are entered as *YES* in the MND (medically nondeployable) category.

d. Permanent Profiles. Permanent profiles with a 3 or 4 serial code that have had no action—

(1) By the profile approving authority within 30 days after the date of issue are treated as temporary profiles without an unspecified expiration date. These profiles expire 30 days after the date of issue.

(2) Or evaluation by an MMRB or MEB within 12 months after the date of issue are invalid. The Soldier requires an updated medical evaluation and reissue of the profile with appropriate disposition if necessary.

SECTION III
THE PHYSICAL PERFORMANCE EVALUATION SYSTEM

17. OVERVIEW

The Physical Performance Evaluation System (PPES)—

a. Is designed to evaluate Soldiers who have been issued a permanent physical profile with a numerical designator of 3 or 4 under any PULHES factor (referred to as a P3 or P4 profile, with the *P* indicating *permanent*) to determine if they have the physical ability to satisfactorily perform the duties of their PMOS, branch,

or specialty code in a worldwide field environment. The MMRB is the administrative screening board that makes this determination.

b. MMRBs will not be used to assess a Soldier's leadership quailty, technical skill, or promotion potential. MMRB recommendations should be based only on a Soldier's physical ability to perform the duties of his or her PMOS, branch, or specialty code, while making reasonable assumptions pertaining to conditions of current and future assignments and deployments.

18. SOLDIERS WHO MUST APPEAR BEFORE AN MMRB

a. Soldiers who must appear before an MMRB include those who—

(1) Are issued a P3 or P4 profile, unless direct referral to an MEB has been made by the profiling officer.

(2) Are retained by an MMRB or found fit by the PPES and—

(a) Subsequently receive a P3 or P4 profile in another PULHES factor.

(b) The condition for which they were retained deteriorates or their duties are further limited because of their condition.

(c) After an appropriate period of time (120 days is recommended), their commander believes they are incapable of performing the duties of their PMOS, branch, or specialty code.

(3) Are being evaluated for accession, warrant a P3 profile, and request a waiver for entry into the service.

(4) Receive a P3 profile during initial entry training.

b. Figure 4 provides an overview of the MMRB process.

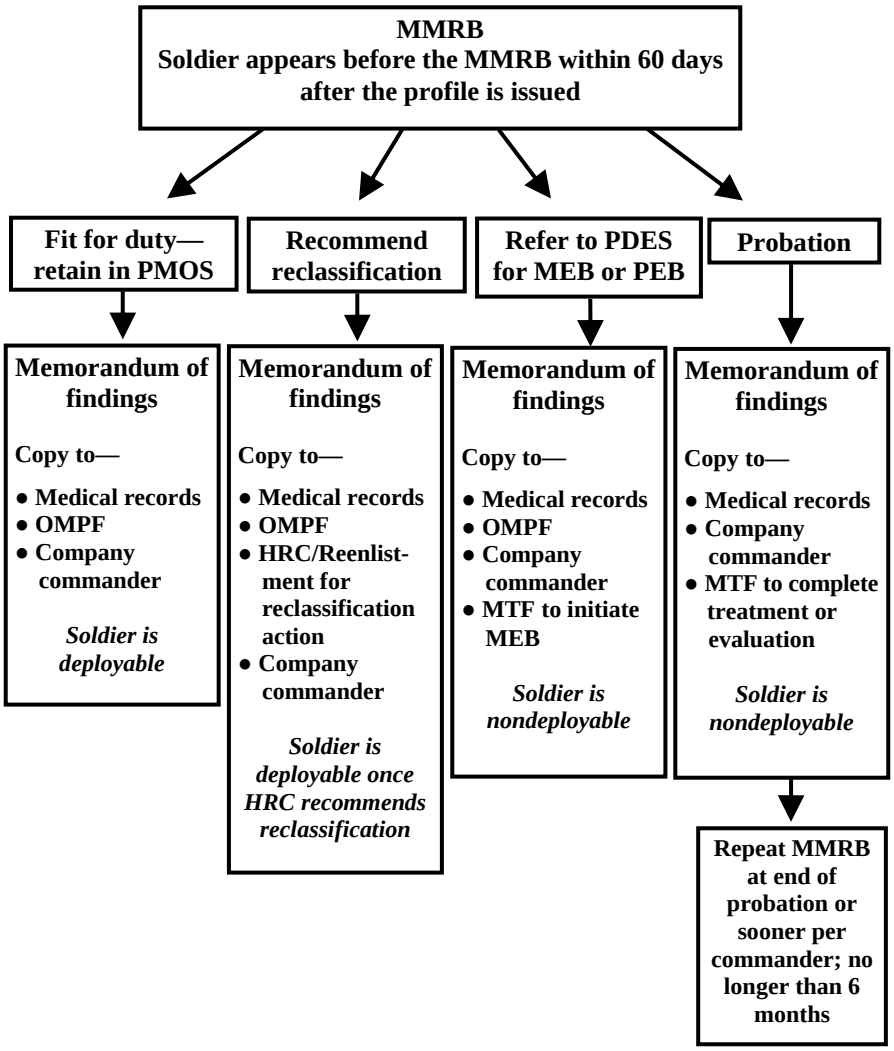

Figure 4. Overview of the MMRB Process

19. MMRB EVALUATION EXEMPTED
The following Soldiers will not be referred to an MMRB:

a. Soldiers with underlying medical conditions that do not meet the medical-retention standards of AR 40-501. These Soldiers must be referred directly to an MEB.

b. Soldiers who are determined fit by the PPES, except as provided in paragraph 18b.

c. Soldiers with temporary profiles. Profiling officers and commanders must ensure that Soldiers are not on temporary profile for more than 12 months.

d. Soldiers with a permanent profile serial of 1 or 2. If the prescribed limitations prevent the Soldier from performing the duties of his or her PMOS or completing an aerobic event during the APFT, the unit commander should refer the Soldier back to the profiling officer or to the command surgeon for profile review.

e. General officers who are issued a P3 or P4 profile. They must be referred to the General Officer Management Office, HQDA, to initiate a special medical fitness-for-duty evaluation.

f. The Soldiers listed below unless they have enough time remaining to be eligible for reassignment and receive assignment instructions. The medical condition of these Soldiers will be evaluated for any required referral into the PDES at the time of their separation or retirement physical. Therefore, the PPES should not be used as a means of gaining entry into the PDES in conjunction with separation or retirement for nondisability reasons.

(1) Soldiers whose requests for length-of-service retirement have been approved.

(2) Active duty officers who are within 1 year of the date of mandatory retirement for age or length of service.

(3) Reserve Component Soldiers who are within 1 year of the date of mandatory removal from Reserve Component active status.

(4) Soldiers who are charged with an offense under the Uniform Code of Military Justice (UCMJ) or who are under investigation for an offense chargeable under the UCMJ that could result in their dismissal, punitive discharge, or administrative separation action unless one of the following occurs:

(a) They are cleared of the charges.

(b) The command decides not to proceed with a court-martial or administrative separation.

(5) Soldiers for which administrative separation proceedings have been initiated.

(6) Enlisted Soldiers (except for Soldiers serving on their initial enlistment) who are within 90 days of their expiration term of service (ETS), do not intend to reenlist or extend enlistment, sign a declination statement, and (if active Army) have no Reserve Component obligation. However, if a Soldier accepts affiliation with or indicates a desire to continue service in another Army component after separation, the Soldier must be referred to an MMRB for processing before his or her projected separation date.

20. TIME STANDARDS FOR MMRB REFERRAL

a. Soldiers on active duty and members of the Active Guard Reserve (AGR) program must appear before an MMRB within 60 days after the date that DA Form 3349 is signed by the profile approving authority.

b. The MMRB convening authority will make his or her determination on MMRB recommendations no later than 30 days after the date the MMRB is adjourned.

21. POTENTIAL MMRB RECOMMENDATIONS
MMRBs may make the following recommendations:

a. Keep the Soldier in his or her current PMOS or specialty code. This recommendation is appropriate when the medical condition does not prevent the Soldier from satisfactorily performing the physical requirements of his or her PMOS or specialty code in a worldwide field environment and when the profile does not prevent the Soldier from performing the following common tasks:

(1) Firing his or her individual weapon.

(2) Wearing the ballistic helmet, load-carrying equipment, and protective mask.

(3) Performing one of the alternate aerobic events of the APFT when the profile prevents the Soldier from completing the standard 2-mile run.

NOTE: The inability of a Soldier to participate in local physical training requirements that exceed Army standards or to perform the standard three-event APFT (situps, pushups, and 2-mile run) are inappropriate reasons for the MMRB to recommend the Soldier for reclassification or referral to the PPES.

b. Reclassify the Soldier or change his or her specialty code.

(1) For this recommendation, the MMRB will consider the following:

(a) The expected value of the Soldier to the Army in a new PMOS or specialty code.

(b) The comments of the Soldier's commander.

(c) Whether the Soldier will be worldwide deployable.

(d) The Soldier's ability to perform in another MOS in a worldwide field environment.

(e) The Soldier's past and present job performance.

(f) The Soldier's military and civilian training and experience.

(g) The Soldier's Armed Services Vocational Aptitude Battery (ASVAB) or Armed Forces Classification Test (AFCT) scores (enlisted Soldiers only).

(h) The Soldier's ability to perform the minimum common tasks listed in subparagraph a above.

(2) If reclassification or a change in specialty code is the appropriate course of action, the MMRB will give justification and recommendations to the MMRB convening authority for forwarding to the appropriate action office.

(a) The unit retention office is the action office for enlisted reclassifications.

(b) The HRC is the determining authority for officer branch transfers or changes to a different specialty code.

c. Place the Soldier in a probationary status.

(1) The MMRB will recommend that a Soldier be placed in a probationary status when it determines that the Soldier's disease or injury may be improved enough through a program of rest, rehabilitation, or physical therapy to render the Soldier worldwide deployable.

(2) The probationary period will not exceed 6 months for active duty and AGR Soldiers. The MMRB may recommend that the Soldier be reevaluated by medical authorities at specific intervals during the probationary period.

(3) The unit commander—

(a) Will evaluate the Soldier's progress after 90 days or as directed by the MMRB convening authority.

(b) May refer the Soldier back to the MMRB before the probationary period expires if the Soldier does not make progress or his or her condition improves or deteriorates so as to warrant an earlier reevaluation. To the maximum extent possible, the second referral should be to the same members of the MMRB who originally recommended that the Soldier be placed in a probationary status. If one or all members of the previous MMRB are not available, the Soldier may be referred to a different MMRB.

(4) At the end of the probationary period, the MMRB must make one of the following recommendations:

(a) Retain the Soldier in his or her PMOS or specialty code.

(b) Reclassify the Soldier or change his or her specialty if the Soldier is otherwise qualified.

(c) Refer the Soldier to the PDES or the Reserve Component medical disqualification process.

(5) Soldiers will be referred to the PDES if their assignment limitations or medical condition prevents them from satisfactorily performing the duties of their PMOS, shortage or balanced MOS, or specialty code in a worldwide field environment. This includes Soldiers whose physical profiles make them unable to perform any of the common tasks listed in subparagraph a above. Referral to the PDES by the MMRB does not mean the Soldier will be found unfit or, if found unfit, will be entitled to disability compensation.

22. REBUTTAL OF MMRB RECOMMENDATIONS

If a Soldier disagrees with the recommendation of the MMRB, he or she has 2 duty days to submit a written rebuttal, which will be included with the board's recommendations to the MMRB convening authority for final determination.

23. ROLES AND RESPONSIBILITIES OF MMRB PERSONNEL ADVISERS

a. MMRB personnel advisers will—

(1) Appoint members of the board on behalf of the MMRB convening authority. Members will include the following (the board recorder should refer to AR 600-60, paras 4-7 through 4-9, for specific requirements):

(1) Five voting members:

(a) President: colonel.

(b) Medical member: field-grade Medical Corps or civilian physician if an officer not available.

(c) Three additional voting members.

(2) Nonvoting members:

(a) Personnel adviser.

(b) Recorder.

(c) Retention noncommissioned officer (NCO).

b. Ensure board members have a worksheet on each Soldier and a copy of all pertinent documents.

c. Provide a brief summary of each member appearing before the board.

b. Figure 5 is a sample MMRB personnel adviser briefing to voting members of the MMRB. Figure 6 is a sample MMRB president of the board briefing to Soldiers appearing before the MMRB.

24. ROLES AND RESPONSIBILITIES OF MEDICAL OFFICERS

Medical officers will—

a. Brief the other board members on the aspects of the Soldier's profile before the Soldier appears before the board.

b. Review available medical records to determine if the Soldier's care has been optimized.

25. ROLES AND RESPONSIBILITIES OF VOTING MEMBERS

Voting members will—

a. Evaluate Soldiers who have been issued permanent physical profiles with a numerical designator of 3 or 4 under any PULHES factor (P3 or P4 profile) to determine if they are physically able to satisfactorily perform the duties of their PMOS, branch, or specialty code in a worldwide field environment.

b. Not make assessments of the Soldier's leadership quality, technical skill, or promotion potential. MMRB recommendations should be based only on a Soldier's physical ability to perform the duties of his or her PMOS, branch, or specialty code, while making reasonable assumptions pertaining to the conditions of current and future assignments and deployments.

Ladies and Gentlemen,

1. You have been appointed by the MMRB convening authority as members of the MMRB. Colonel _____ is serving as the president of the board. Dr. _____ is serving as the medical officer of the board. Other voting members of the MMRB are _____, _____, and _____. The board recorder is _____, the retention adviser is_____, and I am_____, the personnel adviser.

2. Your duties here today are to determine if the profile limitations of the Soldiers appearing before you are compatible with the continued performance of common Soldier tasks and the duties of their primary military occupational specialty (PMOS), specialty code, or branch in their grade in a worldwide field environment.

3. The purpose of this board is not to judge the leadership quality, technical skill, or promotion potential of the Soldiers appearing before you.

4. You will have an opportunity to review the profile and the packet of each Soldier before the Soldier appears before the board. Dr. _____ will address pertinent issues related to the medical condition and the profile. Each Soldier will appear before the board individually. After addressing the board, the Soldier will wait outside of the boardroom and board members will deliberate if desired before conducting an individual vote. You will vote for one of four options:

a. Retain the Soldier in his or her MOS.

b. Reclassify the Soldier to a new MOS.

c. Place the Soldier in a probationary status to permit further evaluation or treatment for up to 6 months.

d. Refer the Soldier to the Physical Disability Evaluation System (MEB).

5. The simple majority vote will be the board recommendation. The Soldier may rebut the board's recommendation to the MMRB convening authority. Are there any questions?

Figure 5. Sample MMRB Personnel Adviser Briefing to Voting Members of the MMRB

1. You have been issued a profile with a 3 or 4 in one of the PULHES categories and a recommendation that you appear before the MOS/Medical Retention Board in accordance with AR 600-60.

2. This is an administrative board. The purpose of this board is to determine if the limitations directed by this profile affect your ability to perform the duties of your MOS in your grade under worldwide deployable conditions.

3. The board will review your profile recommendations, the requirements of your MOS according to DA Pamphlet 611-21, your official (enlisted *or* officer) record brief, the recommendation of your commander, and your preference statement.

4. You may have someone speak on your behalf if you desire.

5. The possible recommendations that this board can make are as follows:

a. Retain you in your MOS with your current profile.

b. Reclassify you to an MOS that you are capable of performing within the limits of your profile.

c. Place you in a probationary status for up to 6 months to complete further evaluation or treatment.

d. Refer you to the medical evaluation board and the Army Physical Disability Evaluation System for an evaluation of your medical fitness for duty and continued service.

6. You will be informed of the board's recommendation before you leave today. If you do not agree with the board's recommendation, you have 2 duty days to provide a written rebuttal to the board recorder for inclusion with the packet that will be sent to the MMRB convening authority, who will make the final determination.

Figure 6. Sample MMRB President of the Board Briefing to Soldiers Appearing Before the MMRB

26. ROLES AND RESPONSIBILITIES OF COMMANDERS

a. Commanders will—

(1) Review Soldier profile limitations and determine appropriate action.

(2) Submit an MMRB commander's evaluation.

(3) Ensure that MMRB recommendations are carried out.

b. Figure 7 is a sample MMRB notifical letter informing the commander that one of his or her Soldiers must appear before an MMRB. Figure 8 is a checklist with instructions on preparing Soldiers for an MMRB.

S: 20 May 2006

ABDC-AG-PM 5 May 2006

MEMORANDUM THRU (*Chain of Command*)

FOR Commander, Company A, 3d Battalion, 3d Infantry Division APO AE 09002

SUBJECT: Notification of MOS/Medical Retention Board Proceeding for Sergeant George R. Sewell

1. Sergeant George R. Sewell, 123-45-6789, 11B20, a member of your command, has been identified as having a permanent physical profile with a 3 or 4 in one or more PULHES factors. According to Army policy, all Soldiers in this category must appear before a locally constituted MOS/ medical retention board (MMRB) to determine their ability to physically perform in a worldwide field environment.

Figure 7. Sample MMRB Notification Letter

2. Please inform Sergeant Sewell that he is required to appear before the MMRB at 0800 on 24 May 2006. He must sign the enclosed statement of notification and counseling (encl 1) concerning promotability status while pending evaluation by the MMRB or referral to the Physical Disability Evaluation System. The first sergeant should conduct this counseling. Please return both statements as enclosures to your commander's evaluation. The proceeding is scheduled to take place in building A3735, room 212. Duty uniform is required.

3. Each Soldier referred to the MMRB will appear separately and may be accompanied by a person of his or her choosing with that person's consent. Legal counseling is not authorized. Soldiers may present facts that are relevant to their ability to physically perform the duties of their PMOS or specialty code in a worldwide field environment. Each Soldier appearing before the board will be encouraged to talk freely so that all pertinent facts are revealed.

4. The MMRB is required to make one of the following recommendations concerning the Soldier:

a. Retain the Soldier in his or her current PMOS or specialty code. The medical condition does not prevent the Soldier from satisfactorily performing the physical requirements of his or her PMOS or specialty code in a worldwide field environment.

b. Recommend to the Department of the Army that the Soldier be reclassified or change his or her specialty code. The medical condition prevents the Soldier from satisfactory performing the duties of his or her current PMOS or specialty code, but does not prevent the Soldier from being retrained in another MOS or specialty code for which the Army has a requirement.

c. Place the Soldier in a probationary status. The medical condition hinders or prevents the Soldier from satisfactorily performing the duties of his or her PMOS or specialty code in a worldwide field environment, but may be improved sufficiently through rehabilitation or physical therapy to render the Soldier worldwide deployable.

Figure 7. Sample MMRB Notification Letter—Continued

d. Refer the Soldier to the Army Physical Disability Evaluation System. The Soldier's assignment limitations are so restrictive that they prevent the Soldier from satisfactory performing the duties of his or her MOS or specialty code for which the Army has a requirement.

5. As the commander of Sergeant Sewell, you are required to submit in writing an evaluation of his ability or inability to physically perform the duties of his PMOS or specialty code (encl 2). This evaluation should be based on actual or reported observation of his performance. Your evaluation will become a permanent part of the MMRB proceedings and is vital to the evaluation process. Please complete your evaluation and forward it to arrive at this headquarters by 20 May 2006.

FOR THE COMMANDER:

2 Encls
1. Statement of Notification and Counseling
2. Copy of DA Form 3349

STEPHEN G. MORIARTY
CPT, AG
Assistant Adjutant General

Figure 7. Sample MMRB Notification Letter—Continued

Name: _____ SSN: _____

PMOS: _____

MMRB Date: _____ Time: _____

Place: _____

MMRB POC Name: _____

Telephone: _____

Suspense: _____

Commander: Please ensure the following items are returned to the MMRB Recorder (POC above) by the above suspense date. Please contact the POC immediately with a POC and telephone number for the Soldier.

☐ Acknowledgment of notification and counseling of MMRB proceedings for enlisted Soldiers below the grade of sergeant major. The counseling must be done by the first sergeant (fig 9).

☐ Acknowledgement of notification for Soldiers in the grade of sergeant major or above (fig 10).

☐ Soldier's memorandum for the President of the MMRB (fig 11) and medical condition questionnaire (fig 12) (both are optional).

☐ Commander's evaluation and recommendation (figs 13 and 14).

☐ First-line supervisor's evaluation. (This evaluation is optional when the Soldier is junior to the commander and may be incorporated in the commander's evaluation. It is required when the Soldier is senior to the commander and is used in place of the commander's evaluation. The format for the first-line supervisor's evaluation is the same as that for the commander's evaluation.)

Figure 8. MMRB Checklist and Instructions

☐ Updated DA Form 3349 (Physical Profile) signed by the profile approving authority and dated within the last 12 months. Ensure block 19 (ACTION BY UNIT COMMANDER) is complete.

☐ If the Soldier appeared before an MMRB previously, provide previous MMRB results.

☐ DA Form 705 (Army Physical Fitness Test Scorecard). If the Soldier has been unable to take an APFT, the DA Form 705 must still be submitted with a current weight entered. If no APFT has been administered within the last 6 months, the commander's statement must explain why the Soldier has not taken the APFT.

☐ Body-fat content worksheet (within the last 90 days) for Soldiers not meeting weight standards. If the Soldier is over the allowable body-fat limit, the commander's letter must include information on what action has been taken.

☐ ERB and DA Form 2-1 for enlisted Soldiers.

☐ ORB for officers.

☐ Medical records (original).

☐ Please provide the telephone number and address of the Soldier's unit and telephone number of the Soldier's place of duty.

☐ If the commander recommends or the Soldier desires MOS reclassification, the Soldier must contact the unit reenlistment NCO to review reclassification criteria, profile limitations, aptitude scores, MOS qualifications, and shortage or balanced MOS options; and submit a memorandum of reclassification preference listing at least three MOSs for which the Soldier is qualified for reclassification (figs 13 and 14).

☐ If you require any assistance or additional information, contact the POC shown above.

Figure 8. MMRB Checklist and Instructions—Continued

I acknowledge notification of my pending MMRB. I understand that—

a. I am required to appear before the MMRB.

b. Retention by the MMRB or by the Physical Disability Evaluation System does not exempt me from meeting the physical requirements for attendance and graduation from NCOES.

c. Attendance at NCOES is a prerequisite for promotion to the grades of sergeant through command sergeant major.

d. If my medical condition prevents me from meeting the graduation requirements for my next level of NCOES, I will not be promoted to the next higher grade or retain a conditional promotion.

e. According to AR 600-8-19, I am in a nonpromotable status while pending evaluation by the MMRB or the Physical Disability Evaluation System.

_____

(Soldier's signature) (date)

_____

(Counselor's signature)
(Must be 1SG for Soldiers below SGM)

Figure 9. Acknowledgement of Notification and Counseling

Name: _____ Grade: _____

SSN: _____

PMOS/Branch/AOC: _____

MMRB Date: _____ MMRB Time: _____

MMRB Place: _____

I, _____, hereby acknowledge receipt of this notification letter and will be present for the MMRB at the time prescribed in the letter.

_____

(Soldier's signature) (date)

Figure 10. Sample Sergeant Major and Officer Acknowledgement of Notification

19 May 2006

MEMORANDUM FOR THE PRESIDENT OF THE MOS/
MEDICAL RETENTION BOARD

SUBJECT: Personal Statement

1. With the board's permission, I would like to present my case before meeting with this board:

a. I have asked _____ to act as my representative in these proceeding and to help me present matters to the board. As such, _____ will read the statements from my former and current chain of command. Copies of the statements will be provided to the board.

b. I will read my prepared statement.

c. I will answer questions of the board.

d. Finally, I, _____, will present a summation on my behalf.

2. My prepared statement is as follows:

a. I have spent my entire adult life in the service of my country. During the past 17 years, I have never knowingly given less than 100 percent of myself, nor have I ever allowed my injury to stand in the way of my personal effort.

Figure 11. Personal Statement—Soldiers Memorandum to the President of the MMRB (Optional)

b. I have constantly sought to broaden my experience in both logistics and general knowledge in order to become the most proficient Soldier possible.

c. Specific information is as follows:

(1) During my first assignment, I voluntarily left a less-demanding job in the battalion to assume a position in a battery supply room, which resulted in 16- to 20-hour workdays.

(2) While assigned to a training unit at Fort Knox, our unit developed a critical shortage of NCOs. I voluntarily accepted additional duties as platoon sergeant in a trainee platoon and as an instructor, as well as other duties associated with training Soldiers.

(3) While assigned as supply sergeant of a mechanized battalion in Germany, I routinely went out with the scout platoon, the TOW platoon, and the ground surveillance radar section while they prepared and performed their annual training.

d. I initially injured my knee while preparing to conduct cross-country ski training for Reserve Officers' Training Corps cadets. Although this did not fall within the parameters of being a supply sergeant, I had readily accepted the challenge to help the unit conduct the training. After the injury and subsequent surgery, I missed very few days of work because of pain; I worked while on crutches and continued to seek ways to improve myself. I voluntarily terminated my convalescent leave 3 weeks early in order to attend a recruiter course.

Figure 11. Personal Statement—Soldiers Memorandum to the President of the MMRB (Optional)—Continued

e. During my 5 years as a recruiter, I never let the fact that I had a bad leg interfere with my mission of seeking qualified applicants for service in the U.S. Army. I participated in and taught adventure-type training, such as rappelling, cross-country skiing, and weapons demonstrations, in an effort to promote the U.S. Army.

f. On my arrival at Fort Defense 3 years ago, I injured my knee again while running during physical training with my unit in the dark. Even though I was scheduled for surgery, I voluntarily accompanied my unit to the field to ensure that the mission was accomplished.

g. Since that time, I have attempted to the utmost of my ability to continue being the most proficient Soldier possible.

h. As a professional Soldier, I understand and appreciate the rationale in ensuring all Soldiers are worldwide deployable. Until recently, I was unaware that I was in a questionable category. I have always felt that I can do my job, no matter what the environment might be. It is my hope that this board, after all the testimony presented, will declare me deployable. However, if not, I am ready to accept whatever decision is made.

_____

(Soldier's signature, SSN, grade, and unit)

Figure 11. Personal Statement—Soldiers Memorandum to the President of the MMRB (Optional)—Continued

1. Explain your medical condition in your own words:

2. Describe the functional impairments, if any, that prevent you from performing the duties of your MOS:

3. Describe the onset of your medical condition and all medical and surgical treatment you have received:

_____
(Soldier's Signature)

Figure 12. Medical Condition Questionnaire (Optional)

Paragraph 1: Statement from the commander requesting that the Soldier appear before an MMRB for one of the following reasons:

a. The Soldier was issued a new P3 or P4 profile and was not directed to an MEB.

b. The Soldier was previously retained by an MMRB or found fit by the PDES, but one of the following occurred:

(1) The Soldier received another P3 or P4 profile in a different PULHES factor.

(2) The Soldier's condition deteriorated, which required additional duty limitations.

(3) After an appropriate period of time (120 days is recommended), the Soldier's commander believes that the Soldier is unable to perform the duties of his or her MOS, branch, or specialty code.

Paragraph 2: Statement that the Soldier has been appropriately counseled (fig 9).

Paragraph 3: Overview of the Soldier's assignment in the unit, a summary of his or her injury, and whether the Soldier has been or is working in his or her PMOS or secondary MOS, or performing duties unrelated to the MOS. If the Soldier has not been performing MOS-related duties, the commander should state why this is relevant to the MMRB.

Paragraph 4: Overview of the Soldier's current MOS and the physical requirements of the MOS (DA Pam 611-21).

Figure 13. Commander's Evaluation and Recommendation Outline

Paragraph 5: Overview of the Soldier's profile limitations and the commander's assessment. This must include—

a. Whether the profile limitations are consistent with the commander's observations of the Soldier's physical capabilities. The commander should state whether he or she believes the profile limitations are appropriate, excessive, or not restrictive enough. If a discrepancy exists, the commander must state which actions he or she has taken to try to resolve the profile discrepancy.

b. The effect that the limitations have on the Soldier's ability to perform basic Soldier tasks in a worldwide field environment. Consideration should be given to the tasks in STP 21-1-SMCT. The commander must outline specific examples of how the profile does or does not affect the Soldier's ability to perform basic Soldier tasks in a worldwide field environment.

c. The effect that the limitations have on the Soldier's ability to perform MOS tasks in a worldwide field environment. The commander must outline specific examples of how the profile does or does not affect the Soldier's ability to perform MOS tasks in a worldwide field environment.

Paragraph 6: If the Soldier has not taken an APFT test in the last 6 months, the commander must explain why. If the Soldier is over the allowable body-fat limit, the commander must explain which actions have been taken to address this.

Paragraph 7: The commander must recommend one of the following:

a. Retain the Soldier in his or her current MOS.

b. Reclassify the Soldier to a new MOS (must attach memorandum from the unit retention NCO).

c. Place the Soldier in a probationary status.

d. Refer the Soldier to the PDES (MEB or PEB).

Paragraph 8: POC information for the commander and the Soldier.

Figure 13. Commander's Evaluation and Recommendation Outline—Continued

UNIT LETTERHEAD

Office Symbol Date

MEMORANDUM THRU *Chain of Command*

FOR President, MMRB, 99th Infantry Division, Unit 12345, APO AE 09169-2345

SUBJECT: Notification of MOS/Medical Retention Board Proceedings and Commander's Evaluation and Recommendation for Sergeant George R. Sewell, 123-45-6789

1. I request that Sergeant George R. Sewell appear before the next MMRB. Sergeant Sewell was retained by a PEB on (*date*). Despite attempts and different assignments over the past 4 months, I have been unable to use Sergeant Sewell in his PMOS because of his physical-activity restrictions.

2. Sergeant Sewell has been informed that an MMRB will evaluate his ability to perform the duties of his PMOS, 11B20, based on the limitations imposed by his permanent physical profile. Sergeant Sewell acknowledges the notification. The first sergeant has counseled him and informed him that retention by the MMRB or a finding of fit by the PEB does not exempt him from meeting the physical requirements required for graduation from NCOES. He understands that the failure to meet the requirements of NCOES will result in a denial of promotion or loss of conditional promotion.

Figure 14. Sample Unit Commander's Evaluation

3. Sergeant Sewell has been assigned to this company for about 22 months. During this time, he was promoted to sergeant based on his overall potential as a team leader. Sergeant Sewell injured his knee 18 months ago, which resulted in a torn meniscus. He underwent surgery to have the damaged meniscus removed, was placed on a permanent profile, and was referred to an MEB and PEB. He was found fit for duty and retained on active duty. Since that time, I have been unable to use Sergeant Sewell as an infantry squad leader because of his profile limitations (para 5). Sergeant Sewell has been working instead as the unit supply NCO, where he has performed well.

4. Sergeant Sewell is assigned the PMOS of 11B20. According to DA Pamphlet 611-21, an infantryman in his grade is required to (*insert MOS-specific tasks from DA Pam 611-21*).

5. Sergeant Sewell's profile prohibits him from kneeling, marching more than 2 miles, carrying more than 35 pounds, or running for cardiovascular fitness training.

a. Sergeant Sewell's prescribed limitations appear to be in line with my observations of his capabilities. I have not observed any discrepancy between his leisure activities and his prescribed limitations.

b. Sergeant Sewell remains capable of performing basic Soldier tasks under worldwide field conditions.

c. Sergeant Sewell's physical limitations prevent him from performing the duties of an infantry squad leader in a worldwide field environment. Because of his weight-carrying limitations, he cannot carry the full combat load of an infantryman. Even without a full load, he cannot participate in any patrol of more than 2 miles. He cannot take a kneeling firing position.

Figure 14. Sample Unit Commander's Evaluation—Continued

6. Sergeant Sewell took the APFT with the bicycle aerobic event. He scored 190 points for the pushups and situps and passed the bicycle event. He meets height and weight standards.

7. I recommend that Sergeant Sewell be reclassified to another MOS. He has been counseled by the retention NCO and evaluated for the feasibility of reclassification. He meets retention standards and qualifies for several balanced or shortage MOSs.

8. The POC is the undersigned at DSN 123-4567, or Sergeant Sewell at civilian 0161-12345678.

8 Encls
1. Copy of Current DA Form 3349
2. Statement of Notification and Counseling
3. Soldier's Personal Statement
4. DA Form 705
5. Body-Fat Worksheet (*if required*)
6. ERB
7. Soldier's Medical Records
8. Retention NCO Memorandum

FREDERICK B. FALLON
CPT, IN
Commanding

Figure 14. Sample Unit Commander's Evaluation—Continued

SECTION IV
THE PHYSICAL DISABILITY EVALUATION SYSTEM

27. PURPOSE

The PDES is responsible for determining the fitness of Soldiers with medical impairments to perform their military duties and their entitlement to applicable disability benefits. Figure 15 provides information on the PDES process. Figure 16 provides physical evaluation processing goals.

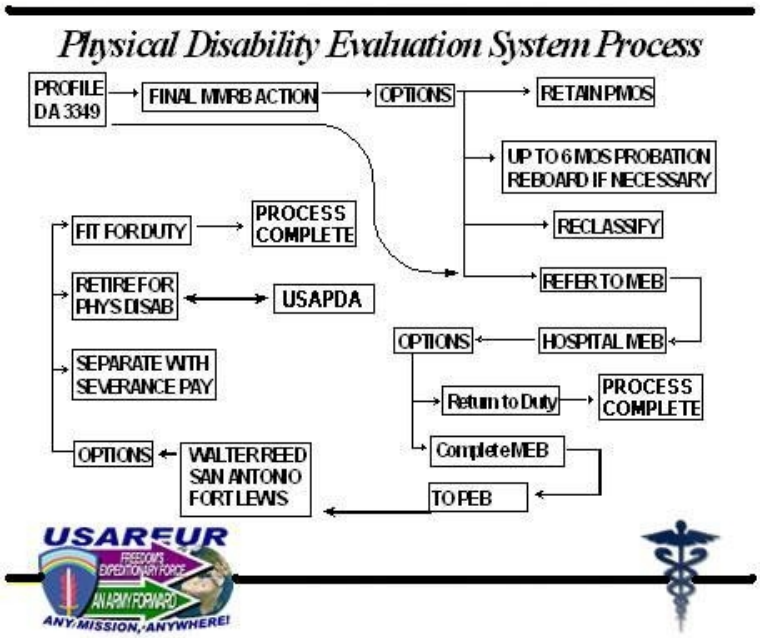

Figure 15. Physical Disability Evaluation System Process

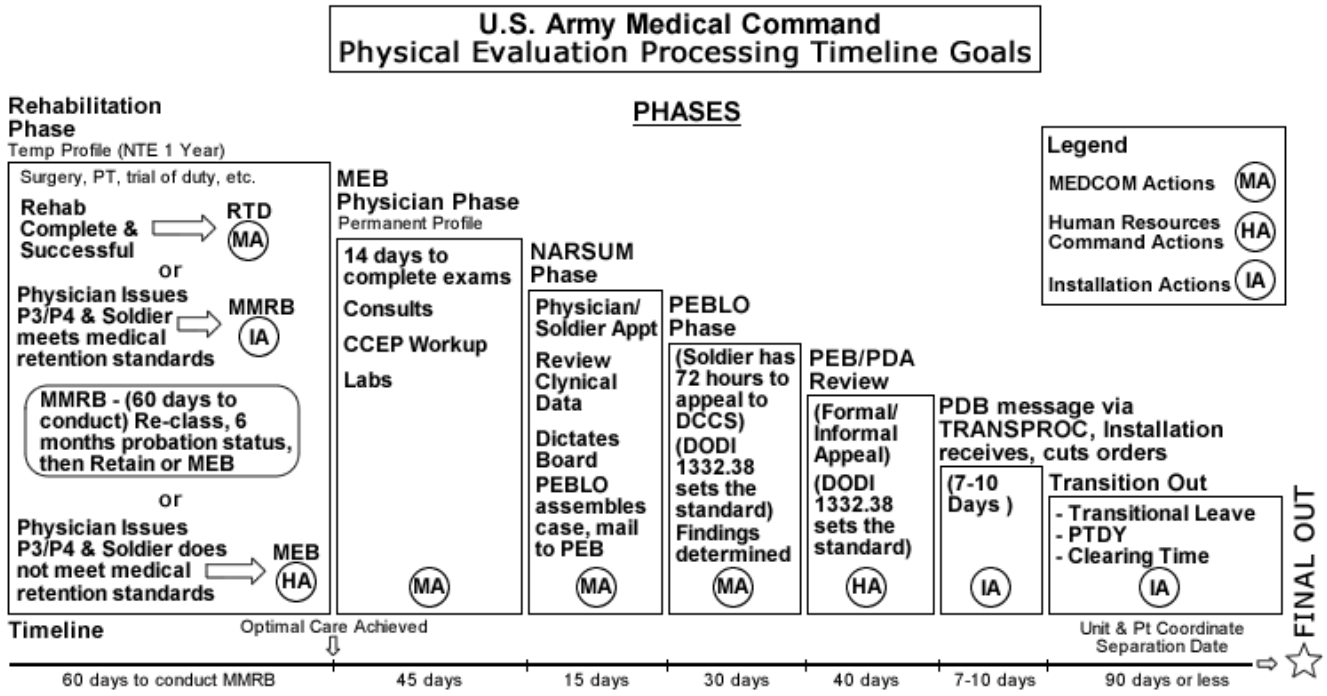

Figure 16. United States Army Medical Command Physical Evaluation Processing Goals

28. REFERRAL TO THE PDES

Soldiers are referred to the PDES in the following ways:

a. Referral to an MEB directly by a physician.

b. Referral by an MMRB.

c. Referral by their commander for a fitness-for-duty medical examination, which resulted in an MEB referral.

d. Referral by HQDA (may occur if the HRC disapproves the MMRB recommendation for reclassification).

e. Referral by the Reserve Component for fitness determinations.

29. FITNESS STANDARD

The standard for determining a Soldier's fitness is whether the medical condition prevents the Soldier from reasonably performing the duties of his or her office, grade, or rating.

a. Worldwide Deployability. According to DOD Instruction 1332.38, the inability of a Soldier to perform the duties of his or her office, grade, or rating in every geographic location and under every conceivable circumstance will not be the sole basis for finding the Soldier unfit. Deployability, however, may be used as a consideration in determining fitness.

b. Performance-Based. The PDES relies heavily on the performance data provided by the Soldier's immediate commander. Variance in case findings is often the result of inadequate information being provided about the Soldier's duty performance.

30. PRESUMPTION OF FITNESS

If any of the following applies, the Soldier is presumed to be fit because he or she continued to perform his or her duty up to the point of retirement or separation:

a. The Soldier applied for length-of-service retirement.

b. The Soldier is within 12 months of mandatory retirement (officers only).

c. The Soldier is within 12 months of retention control-point or retirement eligibility (enlisted Soldiers only).

31. THE MEDICAL EVALUATION BOARD

a. General.

(1) The term *MEB* is somewhat misleading, since an MEB is not a board, but rather an informal process involving at least two physicians who are responsible for compiling, assessing, and evaluating the medical history of the Soldier and determining how the Soldier's injury or disease will respond to treatment protocols.

(2) An MEB is required for all Soldiers referred to the PDES, regardless of how the referral was initiated.

(3) The MEB process is initiated when any of the following applies:

(a) A profiling officer determines that the Soldier does not meet medical-retention standards according to AR 40-501, chapter 3, and writes a profile referring the Soldier to an MEB (initiated on the date the profile is approved by the profile approving authority).

(b) The MMRB refers the Soldier to the PDES (initiated when the MMRB convening authority refers the Soldier to an MEB.)

(c) The Soldier's commander requests a fitness-for-duty evaluation of the Soldier (initiated with the commander's request for evaluation).

(d) HQDA refers the Soldier to an MEB (initiated effective the date of the referral).

b. Documents Required to Complete an MEB. The following documents are required to complete an MEB:

(1) The approved permanent profile on DA Form 3349.

(2) The physician's narrative summary (NARSUM).

(3) The record of physical examination on DD Form 2807-1 and DD Form 2808.

(4) The commander's evaluation letter.

(5) The ORB or ERB.

(6) The last three noncommissioned officer evaluation reports (NCOERs) or officer evaluation reports (OERs).

(7) The last APFT scorecard (DA Form 705) or a memorandum explaining why the Soldier has not taken the APFT (may be included in the commander's evaluation letter).

(8) Statement explaining any adverse action proceedings or investigations that the Soldier is undergoing or statement that there are no adverse action proceedings or investigations pending (may be included in the commander's evaluation).

(9) Line of duty (LOD) determination.

(10) Official document identifying next of kin, court-appointed guardian, or trustee if the Soldier is determined to be incompetent.

c. Possible Outcomes (Final Disposition) of MEBs. The possible outcomes of MEBs include the following:

(1) Referral of the Soldier to a physical evaluation board (PEB).

(2) Return of the Soldier to duty without limitations.

(3) Return of the Soldier to duty with profile limitations. (The completed DA Form 3947 and an appropriate temporary or permanent profile must be issued.)

(4) Other outcomes as specified by the MEB, such as a trial of duty.

d. MEB Processing Timeline.

(1) The MEB approving official should approve the MEB recommendation and make a final disposition of the MEB within 90 days after the date that the permanent profile is approved by the profile approving authority.

(2) MEB phases are as follows:

(a) Rehabilitation Phase. Although technically not an MEB phase, the Rehabilitation Phase is key to returning the Soldier to full duty in a timely manner.

1. When a Soldier develops a disease or injury, the evaluating and treating clinician must keep in mind that the Soldier may remain on a temporary profile for no more than 12 months. During this period, the clinician will advise the Soldier on options for evaluation and treatment, which may include rehabilitation with rest and physical therapy, subspecialty evaluation, radiological and laboratory evaluation, medical treatment, psychiatric treatment, surgery, and a trial of duty.

2. After 1 year, the temporary profile is converted to a permanent profile. In addition, DOD Instruction 1332.38 states that if a determination cannot be made at the 1-year mark regarding the ability of the Soldier to return to duty, an MEB should be initiated. However, there is no need to wait a full year to refer a Soldier with a medically disqualifying condition to an MEB.

3. A common misconception is that if the condition is not stabilized, the Soldier may not be referred to the MEB. This is not true. According to AR 635-40, Soldiers who are not likely to return to duty must be referred to an MEB as soon as this probability is determined. According to DOD Instruction 1332.38, stability is not a factor for conditions that result in separation with disability severance pay.

(b) Comprehensive Clinical Evaluation Phase (CCEP) ("Physician Phase"). The MTF has 45 days to complete this phase. The 45 days begin when the MMRB convening authority refers the Soldier to an MEB or on the date the profile approving authority signs the profile that directs the Soldier to appear before an MEB. In this phase, the Soldier undergoes a complete medical history review and physical examination. If the treating and evaluating clinicians have given appropriate attention to the Rehabilitation Phase, much of the work of this phase is already done.

1. If secondary conditions are identified that do not require referral to the PDES according to AR 40-501, they should be addressed in the NARSUM and appropriately treated. However, further processing of the MEB for the primary condition should not be delayed to accomplish definitive treatment of these conditions.

2. If additional conditions are identified that require the Soldier to be referred to an MEB, they should be addressed in the NARSUM and appropriately treated. However, further processing of the MEB for the primary condition should not be delayed to accomplish definitive treatment of this condition. The NARSUM should address the condition identified during the evaluation of the

primary condition and allow the PEB to determine whether a final disposition of the case can be made or whether the case is returned to the referring MTF to optimize treatment of the secondary condition.

(c) NARSUM Phase. The MTF has 15 days to complete this phase.

1. The NARSUM phase of the MEB is the heart of the PDES. Incomplete, inaccurate, misleading, or delayed NARSUMs may result in an injustice to the Soldier or the Army. Therefore, it is imperative that the physician obtains all required clinical information before dictating the NARSUM.

2. The clinical information provided in the NARSUM must include a medical history of the Soldier's illness; appropriate physical examinations; medical tests and results; all consultations, diagnoses, and treatment; and the response of the Soldier's condition to therapy.

3. A correlation must be established between the Soldier's medical defects and his or her physical capabilities. Physicians are encouraged to use the Department of Veterans Affairs Guide for Disability Evaluation Examinations to describe the nature and degree of severity of the Soldier's condition. Figure 17 provides a sample format for a NARSUM.

1. BASELINE DOCUMENTATION
At the beginning of the MEB, the following will be recorded:

a. Soldier's name, grade, and social security number.

b. The signatory physician's specialty.

c. The clinical department or service that referred the Soldier.

d. The name of the MTF and its location.

e. The date that the MEB was conducted.

f. The reason for holding the MEB (for example, directed by the command, an MMRB, or a physician).

g. The Soldier's eligibility for an MEB.

h. The Soldier's military history:

(1) The date that the Soldier initially entered the Army and the most recent entry into the Army (if there was a break in service).

(2) The estimated end-date of the Soldier's service.

(3) Pending, ongoing, or completed administrative actions (for example, bars, courts-martial, retirement, selective early retirement, separation).

i. The main complaint stated in the Soldier's own words.

j. The history of the present illness. The history should provide exact details, including how and when the injuries occurred, and a statement of the final LOD determination, if available. The results of any pertinent previous MEBs should be summarized and enclosed with the NARSUM.

Figure 17. Narrative Summary Format for MEBs

k. Medical history:

(1) Past injuries and illnesses.

(2) Prior disability ratings (for example, given by the Department of Veterans Affairs).

(3) Past hospitalizations and relevant outpatient treatment, including documentation of diagnosis and therapy, pertinent dates, and locations.

(4) Illnesses, conditions, and prodromal symptoms existing before the service conditions.

l. Social history:

(1) Living arrangements.

(2) Marital status.

(3) Leisure activities.

(4) Pertinent acquaintances.

(5) Substance use or abuse (tobacco, alcohol, drugs).

(6) Police encounters and record.

2. PHYSICAL EXAMINATION

A complete physical examination must be recorded in the MEB. Hand dominance must be noted. Selected specialty-related considerations and guidelines are as follows:

a. Cardiology.

(1) Results of special studies to support and quantify the cardiac impairment should be noted (for example, angiography, treadmill and thallium stress tests, and other special studies).

Figure 17. Narrative Summary Format for MEBs—Continued

(2) It is imperative that the Functional Therapeutic Classification of the cardiac condition be included. Either the New York or Canadian classification system may be used.

b. Gastroenterology. Soldiers with fecal incontinence should have recorded findings of rectal examination (for example, digital examination, manometric studies as indicated and radiographic studies). The degree and frequency of the incontinence should be noted, as well as the incapacitation caused by the condition.

c. Neurosurgery.

(1) In vertebral disc problems, radicular findings on physical examination should be supported by laboratory studies such as computerized axial tomography scan, magnetic resonance imaging (MRI), or electromyography. In cases where surgery has been performed, both pre- and post-operative deep tendon reflexes should be documented.

(2) For head injuries, a neuropsychiatric assessment should be made. The results of any clinically indicated neuropsychological testing should be included.

d. Ophthalmology. If the Soldier does not meet retention standards for reasons related to vision, visual fields must be included in the physical examination and verified by an ophthalmologist. The specialist examination should include uncorrected and corrected central visual acuity. The Snellen test or its equivalent will be used and, if indicated, measurements of the Goldman perimeter chart will be included.

e. Orthopedics.

(1) Range-of-motion measurements must be documented for injuries to the extremities. The results of these measurements should be validated and the method of measurement and validation should be stated.

(2) In cases involving back pain, the use of Waddell's signs should be included in assessing the severity and character of the pain.

Figure 17. Narrative Summary Format for MEBs—Continued

f. Psychiatry.

(1) Particular attention should be paid to documenting all prior psychiatric care. Supportive data should be obtained for verification of the patient's verbal history.

(2) Psychometric assessment should be carried out if this assessment will help quantify the severity of certain conditions and provide a reference point for future evaluation.

(3) The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised (or current edition), will be used for diagnostic terminology. The Multiaxial System of Assessment will be used, including Axes I through V. The degree of social and industrial impairment must be determined and documented, and correlated to the Soldier's clinical manifestations for each Axis I and Axis II diagnosis. In addition, relationship of the impairment to military and civilian performance is required.

(4) Every effort must be made to distinguish symptoms and impairment resulting from personality disorders or maladaptive traits from impairments based on other psychiatric conditions.

g. Pulmonary. When an MEB is held for restrictive or obstructive pulmonary disease, documentation must be provided on the pulmonary function testing carried out when the Soldier is on and off therapeutic medication. Three pulmonary function tests must be completed while the Soldier is not taking medication, two of which must be agree within the 5-percent level; and three must be completed while the Soldier is on medication, two of which must agree within the 5-percent level.

h. Urology.

(1) Cases involving neurogenic bladder must have studies done that document the condition.

Figure 17. Narrative Summary Format for MEBs—Continued

(2) All cases involving incontinence must have studies done that document the condition.

(3) Cases involving incontinence or neurogenic bladder should including documentation regarding the severity as indicated by the number of times self-catheterization is required, the number and type of pads required in a day, or the soilage frequency.

3. LABORATORY STUDIES

Studies that support and quantify the diagnosis should be included as well as any studies that conflict with the diagnosis.

4. PRESENT CONDITION AND CURRENT FUNCTIONAL STATUS

The current clinical condition of the Soldier should be noted, including required medications and any nonmedication treatment regiments (for example, physical therapy) in progress.

a. Current clinical condition, including required medications and treatment regimens.

b. The Soldier's functional status.

(1) The Soldier's ability to perform his or her required duty should be indicated.

(2) The Soldier's civilian-equivalent performance should be indicated.

c. A statement should be given regarding the prognosis for functional status after treatment is completed if chronic treatment is not necessary.

d. A statement should be given regarding the prognosis for functional status in cases requiring chronic treatment.

e. The stability of the current clinical condition and functional status should be addressed.

Figure 17. Narrative Summary Format for MEBs—Continued

f. The requirement for monitoring, including the frequency of indicated treatment or therapy visits and associated operational assignment limitations.

5. CONCLUSIONS

a. An informed opinion on the Soldier's ability to meet current retention standards should be provided.

b. If a Soldier does not meet retention standards, the specific reasons why should be provided.

c. Treatment recommendations, including medications, procedures, and behavior or lifestyle modifications.

d. Statement on the Soldier's compliance with his or her profile. If the Soldier is noncompliant, indicate whether the noncompliance is reasonable.

e. Under no circumstances will the narrative indicate that the Soldier is unfit or recommend a disability rating. It should state whether the Soldier meets retention standards according to AR 40-501, and may state that the condition may interfere with the performance of his or her duties.

6. DIAGNOSIS

The diagnostic terminology used by MEBs should correlate, if possible, with that of the Veterans Affairs Schedule for Rating Disabilities (VASRD). Because PEBs are required to assess a Soldier's status based on the VASRD, a clearer understanding of that status is facilitated when the same terminology is used by MEBs and PEBs. All MEB diagnoses will be given an International Classification of Diseases-Ninth Revision-Clinical Modification (ICD-9-CM) code.

7. PROFILE (IF REQUIRED BY SERVICE REGULATION)

a. The physical profile of the Soldier should agree with the severity of the medical impairment as expressed in the NARSUM.

b. The physical profile of the DD Form 2808 should agree with that of the physical profile form as well as that noted on the MEB coversheet.

Figure 17. Narrative Summary Format for MEBs—Continued

(d) PEBLO Phase. The MTF has 30 days to complete this phase after the date that the NARSUM is dictated until final disposition of the MEB. The MTF PEBLO is responsible for counseling Soldiers throughout the process and gathering and compiling all documents required by the PEB. The NARSUM, profile, DA Form 3947, MEB proceedings, personal documents, LOD determination, commander's letters, performance evaluations, signature of the Soldier, signature of the physicians, and the signature of the MEB approving official (the deputy commander for clinical services (DCCS)) must be completed before the MEB is transferred to the PEB.

(3) Although DOD Instruction 1332.38 outlines specific phases of the MEB process, the most efficient MTFs often develop ways to complete the requirements for the phases simultaneously (for example, the PEBLO begins counseling the Soldier and gathering required documents while the physician completes the CCEP).

(4) The PEBLO may not arbitrarily terminate MEB proceedings. The MEB approval authority must make a final determination of the case and record the disposition in block 14 of DA Form 3947.

(5) "On hold" status is authorized only for MEB cases for which one of the following applies:

1. The Soldier is pending the outcome of an adverse-action investigation.

2. The PEBLO is awaiting a determination by the general court-martial convening authority on a chapter versus MEB decision.

3. The Soldier is placed on a trial of duty. The case will be kept open but on hold in the Medical Evaluation Board Internal

Tracking Tool (MEBITT) to permit the MTF to track the trial of duty and return the Soldier for reevaluation at the appropriate time.

e. Trial of Duty. AR 40-501 allows for a defined trial of duty period for the following referable conditions:

(1) Cardiovascular conditions according to paragraphs 3-21, 3-24, and 3-25.

(2) Seizure disorder according to paragraph 3-30.

(3) Heatstroke according to paragraph 3-45.

(4) Frostbite according to paragraph 3-46.

32. THE PHYSICAL EVALUATION BOARD

a. PEB Locations. The three locations for PEBs are the Walter Reed Army Medical Center, the Madigan Army Medical Center, and the Brook Army Medical Center. PEBs are subordinate to the United States Army Physical Disability Agency (USAPDA) and were established to evaluate and adjudicate all cases of physical disability equitably for the Soldier and the Army.

b. Informal PEB Hearing.

(1) Soldiers do not appear personally before informal PEB hearings. The PEB receives the MEB documents (often referred to as the MEB packet) and makes a documentary review and an initial determination.

(2) Possible PEB recommendations are as follows:

(a) The Soldier should be returned to duty.

(b) The Soldier is unfit for duty: permanent disability retirement.

(c) The Soldier is unfit for duty: separate with disability severance pay. (The stability of the condition is not a factor for this disposition.)

(d) The Soldier is unfit for duty: separate without disability severance pay.

(e) The Soldier is unfit for duty: place the Soldier on the temporary disability retired list (TDRL).

c. Formal PEB Hearing.

(1) Soldiers determined to be unfit by an informal PEB will be granted a formal PEB hearing on request.

(2) Soldiers determined to be fit are not entitled to a formal PEB hearing unless the determination removes them from TDRL status.

(3) Soldiers may decline a formal PEB hearing. The PEBLO counselor must document the declination.

(4) Possible PEB determinations of formal hearings are the same as those for an informal PEB hearing.

(5) Soldiers who appear before a formal PEB are encouraged to submit a rebuttal identifying the issues of disagreement with the informal PEB's findings and recommendations.

(6) Soldiers who are entitled to a formal PEB hearing have the right to—

(a) Personally appear, which may be by video teleconference.

(b) The assistance of a detailed military counsel provided at no expense to the Soldier, or a personal representative at no expense to the Army.

(c) Make a sworn or unsworn statement.

(d) Remain silent. When a Soldier exercises this right, the Soldier may not selectively respond to questions, but must remain silent throughout the hearing.

(e) Introduce witnesses, depositions, documents, statements, and other evidence on their behalf at no expense to the Army.

(f) Review all records and information received by the PEB.

(g) A written rationale explaining the findings and recommendations of the formal PEB hearing.

(h) A record of the hearing on written request.

(i) Appeal the findings and recommendations of the formal PEB.

d. Formal Letters of PEB Rebuttals.

(1) Letters of rebuttal may be based on one or more of the following issues:

(a) The PEB decision was based on fraud, collusion, or a mistake of law.

(b) The Soldier did not receive a full and fair hearing.

(c) Substantial new evidence exists and is submitted that by due diligence could not have been presented before the disposition of the case by the PEB.

(2) The PEBLO will counsel the Soldier about the appeals process.

e. Review by the USAPDA.

(1) Cases Reviewed by the USAPDA. The USAPDA will review the following cases:

(a) General officers and Medical Corps officers found to be unfit.

(b) Informal PEB findings when the Soldier nonconcurs, submits a rebuttal, and waives a formal PEB hearing.

(c) Formal PEB findings when the Soldier nonconcurs and submits a rebuttal.

(d) When a voting member of the PEB submits a minority report.

(e) Any case previously sent to the USAPDA for review that was returned to the PEB for reconsideration.

(f) Cases designated by the Commanding General, USAPDA.

(g) Cases of Soldiers assigned to the USAPDA.

(2) USAPDA Dispositions. The USAPDA may dispose of cases as follows:

(a) For unfit findings of general officers or Medical Corps officers, forward the case to the Assistant Secretary of Defense for Health Affairs (ASD (HA)).

(b) Forward the case to the Army Physical Disability Appeal Board (APDAB).

(c) Approve revised findings for the Secretary of the Army and forward the case to HRC for disposition.

f. APDAB Review.

(1) APDAB Determination. The APDAB will review cases to determine if—

(a) The Soldier received a full and fair hearing.

(b) The evaluation proceedings conformed to current laws and governing regulations.

(c) Findings of the PEB, as changed or modified by the USAPDA, are supported by the evidence.

(2) APDAB Dispositions. The APDAB may dispose of cases as follows:

(a) Concur with the USAPDA.

(b) Concur with the PEB.

(c) Adopt the recommendations of the minority report if the PEB recommendations were not unanimous.

(d) Concur with the Soldier's rebuttal request.

(e) Specify new findings.

(3) Limitations. The APDAB does not have appellate authority for LOD determinations by HQDA or modifications from ASD (HA) decisions.

g. Army Disability Rating Review Board (ADRRB). The ADRRB reviews disability percentage ratings on request of Soldiers who have been retired because of a disability.

h. Ineligibility for Referral to the PDES. Soldiers are ineligible for a disability evaluation when any of the following applies:

(1) The Soldier's defect is a developmental or constitutional disorder not constituting a disability. When these conditions prevent the Soldier from satisfactorily performing his or her duties, the Soldier may be processed for administrative separation under AR 635-200.

(2) Except as provided for in AR 635-200, section VI, the Soldier is pending an approved, unsuspended punitive discharge or dismissal.

(3) Except as provided for in AR 635-200, section VI, the Soldier is pending separation under provisions that authorize a characterization of service of under other than honorable (UOTH) conditions. This restriction is based on the provisions under which the Soldier is being separated and not on the actual characterization the Soldier receives. For example, because separation for misconduct authorizes a characterization of service of UOTH conditions, a Soldier who is being separated for misconduct with a general characterization is ineligible for referral into the DOD Disability Evaluation System except as provided for under AR 635-200, section VI.

33. THE MEDICAL EVALUATION BOARD INTERNAL TRACKING TOOL

a. The MEBITT is a tool that MTFs use to track the MEB process and ensure that MEBs are processed within specified timelines. To accurately track the time it takes to process an MEB, the appropriate MEB initiation dates must be entered.

b. Unit surgeons may be given access to the MEBITT to permit expeditious communication with unit medical officers.

c. To be a valuable tool, the MEBITT must be maintained with accurate and up-to-date information.

d. Placing an MEB "on hold" in the MEBITT is appropriate only if one of the following applies:

(1) The Soldier is pending the outcome of an adverse action investigation.

(2) The PEBLO is awaiting a determination by the general court-martial convening authority on a chapter versus MEB decision.

(3) The Soldier is placed on a trial of duty. The case will be kept open but on hold in MEBITT to permit the MTF to track the trial of duty and bring the Soldier back for reevaluation at the appropriate time.

e. Occasionally an MEB may take longer the prescribed processing timeline. When this occurs, the MTF should evaluate the process to determine if improvements in the MTF system are warranted or if the delayed case had extenuating circumstances (for example, unforeseen worsening of the Soldier's condition, which required repeating evaluations and NARSUMs).

34. ROLES AND RESPONSIBILITIES

a. PEBLOs.

(1) PEBLOs have one of the most important roles in PDES processing. They are responsible for counseling Soldiers, preparing MEB packets, and advising the command and physicians on the system. AR 635-40 provides detailed information on the roles and responsibilities of PEBLOs.

(2) A complete, accurate, and fully documented case file is the foundation for a fair and equitable disability evaluation. The PEBLO's goal is to ensure each Soldier's case is properly documented, fairly presented, and fully considered by all elements of the PDES. The degree to which the Army is able to meet this high standard depends greatly on the technical competence and thoroughness of MEB members and, subsequently, the comprehensive counseling of the client by the PEBLO. Because the PDES is such a technical and complicated process, the PEBLO must make every effort to translate the PEB findings and recommendations into terms the Soldier can readily understand.

(3) Since PDES case processing involves considerable cost and work, particularly at larger hospitals, careful analysis of local procedures should be done to find ways to reduce processing times and efforts.

(4) PEBLOs will counsel the Soldier on the following:

(a) Legal rights (including the sequence and the nature of disability processing).

(b) Effects and recommendations of MEB and PEB findings.

(c) After receipt of PEB findings and recommendations, the estimated disability retirement or severance pay.

(d) Probable grade on retirement.

(e) Potential veterans benefits.

(f) Recourse to and preparation of rebuttals to PEB findings and recommendations.

(g) Disabled Veterans' Outreach Program.

(h) Post-retirement insurance program and the Survivor Benefit Plan.

(5) The counseling given to Soldiers must be thorough, accurate, and documented. PEBLOs must use the PEBLO counseling checklist in AR 635-40, appendix C.

(6) Before sending cases to a PEB, PEBLOs will ensure all documents are complete and the MEB case file is assembled properly with all the necessary supporting documents.

(7) Once notified, the PEBLO will take immediate action to counsel the Soldier and obtain the statements and documents required from the Soldier's immediate commander describing the effect of the Soldier's medical condition on the Soldier's ability to perform his or her normal military duties. AR 635-40, paragraph 4-17, provides a list of most of the required documents. The medical record should clearly indicate the date the MEB was initiated.

(8) PEBLOs will help ensure adherence to the MEB processing timeline (para 31d). Appendix C lists disability processing, MMRB, and MEB POCs and DSN telephone numbers.

b. MEB Physicians. MEB physicians are responsible for the following:

(1) Reviewing profiles, profiling officer summaries of illness, and physical examination results, and determining if additional treatment or consultations are required to make a full evaluation of the Soldier's recurring condition.

NOTE: Complete stabilization of conditions are not required if the Soldier has been on a temporary profile for more than 12 months. Complete treatment of all the Soldier's coexisting conditions before the Soldier's potential separation from active duty is not required.

(2) Preparing comprehensive NARSUMs.

(3) Describing medical conditions according to AR 635-40.

(4) Other responsibilities as determined by the hospital commander.

c. Unit Commanders. Unit commanders are a vital link in the timely disability processing of Soldiers.

(1) If a Soldier has been referred to the MEB and PEB process, the commander should contact the PEBLO to find out which administrative information and letters the Soldier requires for the MEB packet (para 31b). As a minimum, the commander is responsible for the following items:

(a) A copy of the LOD investigation determination (if required).

(b) The commander's letter describing how the Soldier's medical condition affects his or her job performance and deployability status (figs 18 through 21).

(c) Soldier military history documents, ERB or ORB, APFT scorecard (DA Form 705), body-fat worksheet (when required), and NCOERs or OERs.

(2) Commanders must—

(a) Stay in touch with the PEBLO and keep informed of pending appointments.

(b) Ensure Soldiers attend all appointments.

d. MEB Approving Authorities.

(1) The MEB appointing authority is the approving authority for MEB proceedings. MEB approving authorities will not participate in these proceedings as members, witnesses, consultants, or in any other capacity. Approving authorities will review MEB proceedings and all addenda, and record their actions. When the findings and recommendation are approved, the recommended disposition will be effected at the earliest predictable date. If the approving authority does not concur with the board's findings or recommendations, the proceedings will be returned to the board for further consideration.

(2) Approving authorities may delegate the authority to review and act on MEBs. Individuals to whom this authority is delegated (for example, the DCCS) may not participate in board proceedings as members, witnesses, consultants, or in any other capacity.

e. Legal Counsels. When a Soldier requests a formal hearing, he or she will be provided counseling by an appointed legal counsel. Each Soldier who is present at a formal hearing will be represented by a legal counsel unless the Soldier specifically declines this representation in writing.

(1) Representation. The appointed PEB counsel, other military counsel (if reasonably available and released by the counsel's command for this purpose), or a civilian counsel of the Soldier's choice will represent the Soldier.

(a) Soldiers may arrange for a civilian counsel of their own choice at no expense to the Government. Soldiers may present their case without a counsel, in which case they must conform to all procedural rules. The Soldier must sign a statement specifically excusing the appointed PEB counsel. The statement will be made part of the record.

(b) The PEB president will require the appointed counsel to remain in the hearing room, even if the counsel is released by the Soldier in writing, except when the counsel of choice is present. The appointed counsel will act as a co-counsel when the Soldier chooses another counsel, unless the appointed counsel is excused by the Soldier.

(2) Duties. Counsels safeguard the legal rights of Soldiers. They will remain in attendance at all open sessions of the board unless excused in writing by the Soldier. Counsels will—

(a) Confer with the Soldier and advise the Soldier of his or her rights.

(b) Prepare the Soldier's case for presentation to the board.

(c) Request that the PEB arrange for the attendance of available witnesses or obtain their depositions or other specifically desired evidence in support of the Soldier's position.

(d) Examine and cross-examine witnesses and otherwise help the Soldier present his or her case.

(e) Submit oral or written arguments.

(f) Counsel the Soldier on the board's findings.

(g) On request, help the Soldier prepare a rebuttal.

(h) In cases where the Soldier is considered as mentally incompetent or deleterious, serve as the counsel when the next of kin (or legal guardian) acts for the Soldier unless replaced by a special counsel.

1. GENERAL
The Physical Disability Evaluation System is a performance-based system. As a result, an essential element of determining performance is the commander's assessment of a Soldier's ability to perform the duties of his or her grade and military occupational specialty and conveying these observations to a PEB. The commander's statements are important during the MEB's review of the case, especially as we consider the Soldier's ability to perform most of his or her duties. Please note that comments such as *Because of the physical limitations of his profile, he can no longer fulfill the duties of his PMOS* are of little value to the MEB in determining a Soldier's fitness for duty. MEB physicians are interested in the commander's or supervisor's specific observations as to what the Soldier can or cannot do, especially with regard to the Soldier's PMOS duty requirements. State if the Soldier is not performing the duties of his or her PMOS and why.

2. OBSERVATIONS
The commander's letter should include what he or she has observed regarding the Soldier's duty performance. This statement may also include observations of others, such as the first sergeant, supervisors, and platoon sergeants. If the Soldier has a chronic condition, performance information will be valuable to the MEB. The more specific and detailed the letter is, the better the MEB can adjudicate the case. The letter should give the board a detailed, comprehensive description of what the Soldier can and cannot do and why. If the commander believes the Soldier can perform outside the limits of his or her profile, the letter should say so. The findings of the MEB will determine the future of the Soldier and it is imperative that the commander accurately and expeditiously evaluates the Soldier's performance and sends the statement to the PEBLO at the MTF. A sample letter is available at *https://www.hrc.army.mil/site/Active/TAGD/Pda/cdrleadin.htm*.

Figure 18. Commander's MEB Letter Guidelines

3. OUTLINE FOR COMMANDER'S EVALUATION
The commander's letter should address the following:

a. History. Summarize events leading up to the Soldier being referred to the PDES.

(1) State the injury or trauma that started the Soldier's condition and how this event occurred.

(2) If not a trauma, describe the decline in the Soldier's performance caused by the chronic condition.

(3) State how the Soldier was referred to the PDES through an MMRB.

(4) Explain which duty restrictions have been placed on the Soldier and why.

(5) Describe how physical fitness training is handled and if the Soldier's physical fitness has declined.

(6) Be sure to describe any combat the Soldier experienced and psychological stressors, such as seeing dead bodies (civilian, enemy, or friendly), undergoing attacks, being involved in incidents involving accidental discharges, and taking part in offensive operations where the Soldier may have killed enemy combatants.

b. Current Status. Describe the Soldier's most recent duty performance. Explain how the Soldier was working in his or her PMOS before the injury. If the Soldier is no longer working in his PMOS, indicate when he or she was reassigned and why. Describe any special limitations of duty because of the Soldier's physical condition.

Figure 18. Commander's MEB Letter Guidelines—Continued

(1) Do not write *The profile prevents the Soldier from performing . . .* Instead, state functionally what the Soldier can and cannot do within the requirements of his her PMOS. Comment on the Soldier's ability to adequately perform the duties normally expected of an individual of the Soldier's grade.

(2) Describe behavior indicating that the Soldier is in pain (such as limping, wincing) and the cause (such as climbing stairs, lifting equipment, sitting).

(3) Contrast the Soldier's performance before and after the injury or trauma occurred. State whether or not the Soldier's capability has changed over the course of these medical problems (for example, increased, decreased, or remained the same).

(4) Provide an opinion as to whether or not the Soldier complied with prescribed medical treatment (for example, physical therapy) or if the Soldier's medical conditions are being exaggerated in any way.

c. Commander's Recommendation.

(1) If the Soldier desires to remain on active duty despite his or her medical limitations, the commander should indicate his or her expectation of the Soldier's success considering the Soldier's current duty assignment, anticipated future assignments, branch, age, career specialties, and physical limitations.

(2) The commander should include which recommendation he or she would give the PEB.

4. POC. Provide the civilian telephone number (011-49-XXX-XXXX) and e-mail address of a POC.

Figure 18. Commander's MEB Letter Guidelines—Continued

UNIT LETTERHEAD

Office Symbol Date

MEMORANDUM THRU Physical Evaluation Board Liaison Office, Washington, DC 20307

FOR President, Physical Evaluation Board, Washington, DC 20307

SUBJECT: Commander's Performance Statement, Specialist John Example, 123-34-5678

1. HISTORY

a. Specialist Example's medical problems began in September 2004 when he experienced a rough landing during an airborne operation. After recovering his equipment, Specialist Example moved to the company area with a limp while enduring a great deal of pain in his left knee. The next day, Specialist Example saw the battalion's medics, who referred him to Robinson Health Clinic (RHC), where he was given a 5-day no running, kicking, or air-borne operations profile and ibuprofen. Specialist Example is a combat engineer, one of the Army's more physically demanding jobs, which requires extensive marching, running, lifting of heavy loads, and frequent manual labor. Accordingly, his knee was consistently subjected to excessive stress, which led to further swelling of his knee and pain.

Figure 19. Commander's Letter—Example 1

b. Within the next 5 months, he returned to RHC three times and was given another 30-day no running, kicking, airborne operations profile. When not on profile, Specialist Example would have difficulty keeping up with the company during runs and experienced pain, swelling, and a "locking up" sensation in his knee.

c. By April 2005, Specialist Example's condition had worsened. He had previously experienced symptoms only after physical activity, but now he was suffering daily. He was therefore scheduled for arthroscopic surgery in May 2005. After surgery and recuperation, Specialist Example returned to work, only to find that his condition had not improved. He was unable to perform physical training at his previous level and could not meet the physical demands of his MOS without extensive pain and the possibility of injuring himself further. The ibuprofen provided very little relief.

d. In October 2005, Specialist Example was diagnosed with Osgood-Schlatter disease. This diagnosis has been reconfirmed twice since that date. In April 2006, Specialist Example's right knee began to suffer the same symptoms as his left. At that time, he was assigned as a platoon sergeant's driver. The hope was that his time spent operating a HMMWV would reduce the stress on his legs and give him time to heal. It did not work. Specialist Example could barely walk without pain and swelling. His knees began to hurt after sitting for extensive periods as well. Between April and August 2006, Specialist Example returned to RHC three more times for knee problems. Each profile and medication failed to relieve the pain in his knees and restore him to his original mobility and physical capabilities.

Figure 19. Commander's Letter—Example 1—Continued

e. In September 2006, Specialist Example was assigned to the division administrative office in hopes that the lack of physical training and absence of marching and airborne operations would allow him to heal. However, his pain continued. On 5 November 2006, Specialist Example was assigned for an MEB review.

f. When he was informed of the MEB, Specialist Example expressed both anger and concern: anger that this paratrooper with over 60 jumps would be unable to serve his country in this manner again, and concern that he would be unable to play with his son.

2. PRESENT CONDITION

a. Specialist Example returned to the company. He remains well-motivated, sharing his job experience with younger Soldiers and showing leadership characteristics that indicate he is ready to take the next step in his career and become an NCO.

b. As a combat engineer, Specialist Example must be able to withstand extensive physical hardship. Specialist Example's condition prevents this. He has made every effort to rehabilitate himself, from repeated examination by medical professionals, to surgery, to wearing a knee brace daily. Unfortunately, all of his efforts have been fruitless. According to the physicians assistants he has seen, Osgood-Schlatter disease will not go away. Specialist Example has been an outstanding member of my command and a solid performer despite his diminished capabilities. It is truly a loss for the Army for him to be released from duty, but I must support this action.

JOHN W. SMITH
CPT, IN
Commanding

Figure 19. Commander's Letter—Example 1—Continued

UNIT LETTERHEAD

Office Symbol Date

MEMORANDUM FOR Physical Evaluation Board, Washington, DC 20307

SUBJECT: Letter of Evaluation for Private First Class John Q. Doe, 123-45-6789

1. Private First Class Doe is assigned to HHC, 21st Theater Support Command. His duties involve work in an office setting and do not require a great amount of physical stamina or strength. Private First Class Doe is currently able to perform all the duties required of him. He qualified this year with his weapon. However, he has been unable to take the APFT because of medical problems with his leg. He is also unable to participate in company physical training.

2. Private First Class Doe's MOS is 71L, Administrative Specialist. In a worldwide field environment, Private First Class Doe may have to perform general Soldier duties that require lifting, walking, carrying a weapon, and wearing a helmet and flak vest under tiring and stressful conditions. It is my judgment that Private First Class Doe may have considerable difficulties performing some basic Soldiering skills. It is doubtful that he could complete a forced road march of several miles with field equipment.

3. Private First Class Doe is in the Army Weight Control Program and is currently under a bar to reenlistment because of his weight. No other adverse actions are pending at this time.

4. The POC is the undersigned at DSN 123-4567, e-mail: *command e-mail address*.

IMA COMMANDER
CPT, IN
Commanding

Figure 20. Commander's Letter—Example 2

UNIT LETTERHEAD

Office Symbol Date

MEMORANDUM FOR: Physical Evaluation Board, Washington, DC 20307

SUBJECT: Commander's Performance Statement, Staff Sergeant Example, 876-54-3210

1. Staff Sergeant Example is 39 years old and serving in the Old Guard Fife and Drum Corps (a TDA unit) as a 46K. His current PULHES is 311111 because of asthma, which has been determined to be a permanent condition with a rating of P3. His assignment limitations are aerobic exercise at his own pace and a modified APFT. His functional activity limitations include not marching more than 5 miles or lifting more than 100 pounds.

2. Based on the above limitations, he is able to perform duties as required of a Soldier in his grade and MOS. Parades are rarely over 5 miles long and, if one were scheduled, Staff Sergeant Example could be exempt without affecting mission accomplishment. The bulk of this limitation affects the APFT. He executed the walk as an alternate event on his last APFT, which he took on 14 November 2005, and passed without difficulty.

3. Staff Sergeant Example is not pending any adverse action. His current ETS is 23 August 2006.

4. During the 5 years I have been Staff Sergeant Example's commander, I am not aware of his medical condition causing prolonged profiles or missed performance of duty. Twice in the past 3 years the physician's assistant for The Old Guard bought up the issue of asthma and the need for a medical board review. Staff

Figure 21. Commander's Letter—Example 3

Sergeant Example was referred at those times for further evaluation and there was no change to the profile he was issued in 2003. The only change was to begin doing the alternate event on the APFT in 2003 after failing an APFT because of his score on the run. Since that date, Staff Sergeant Example has not failed an APFT because of the walk, but has had difficulty with the other two events. While being counseled on his enrollment in the Army Weight Control Program in December 2003, Staff Sergeant Example bought up the issue of his asthma causing him difficulty in meeting weight-control standards. The physicians assistant conducted a medical screening and did not substantiate the claim. Staff Sergeant Example was told to follow through with his concerns as a separate issue based on his medical history and current profile. Staff Sergeant Example's medical board process began soon after a chapter 18 action was initiated according to AR 600-9 because of a lack of progress in the weight-control program. Subsequently, he has maintained his weight within Army weight control standards and the chapter action terminated. Staff Sergeant Example's recent profile (Dec 05) has not changed his capabilities to perform the duties of his MOS. The only change has been that he was given a rating of P3 instead of P2.

5. Staff Sergeant Example's performance of duty in all musical areas has been exceptional. His profile for asthma has not affected his ability to perform missions. He has maintained his weight within the Army standards since July 2005.

6. The POC for this action is the undersigned at DSN 123-3456.

JOHN W. SMITH
CPT, AG
Commanding

Figure 21. Commander's Letter—Example 3—Continued

SECTION V
LEGAL ASSISTANCE

35. PREFACE
This section explains the legal perspectives regarding the PDES and the PEB. Additional guidance is available for lawyers at *http://www.jagcnet.army.mil*.

NOTE: The PEBLO is a counselor, not a source of legal information.

36. INTRODUCTION

a. The functional proponent for the PDES is the USAPDA (Forest Glen Section), Walter Reed Army Medical Center, Washington, DC 20307-5001.

b. The PDES is officially a "nonadversarial" fact-finding forum. However, because important financial and career decisions will be made concerning the Soldier, the Soldier requires skilled representation. The decision-makers in the process are usually combat officers and physicians who are not bound by formal rules of evidence.

c. The Soldier's counsel, whether the judge advocate or counsel of choice, will establish an attorney-client relationship with the Soldier and represent the interests of the Soldier, not the command.

37. THE ADJUDICATION PROCESS AND THE "TYPICAL CASE"
PEBLOs and physicians are critical to the PDES process. Physicians determine when MEB processing is required and PEBLOs assemble cases and counsel Soldiers regarding their options and rights. PEBLOs then send cases to the PEB for adjudication.

a. Informal Board.

(1) The informal board phase of the PEB determines whether the Soldier is fit to perform the duties of his or her office and grade and, with reasonable expectation, the requirements of his or her PMOS. This determination must be made individually for each diagnosis that prevents the Soldier from meeting medical-retention standards according to AR 40-501, chapter 3.

(2) A case referred to a PEB for any reason is first evaluated under informal board procedures (AR 635-40, para 4-20). The PEB makes its decision based strictly on the Soldier's medical and personnel records. Soldiers do not appear before the informal board.

b. Formal Board. Once a Soldier is scheduled for a formal hearing, whether by election or by direction, legal counsel is assigned to the case. However, Soldiers sometimes will want to consult with an attorney before electing a formal board. This is an important counseling opportunity because some Soldiers may not be comfortable with the information received from the PEBLO or MTF. Some Soldiers will choose to retain counsel at their own expense. After the Soldier requests a formal hearing, he or she will be notified in writing by the PEB through the PEBLO of the date and location of the hearing. This hearing is the Soldier's "day in court." It is a fact-finding board that is intended to be nonadversarial. The usual participants are the board members, the Soldier, the Soldier's attorney, and witnesses.

c. Appeals. At each stage of the PDES process, Soldiers may rebut the decisions made in their case. Soldiers dissatisfied with the MEB NARSUM may discuss it with their physician and the MEB approving official. Soldiers dissatisfied with the decisions of a formal PEB may submit a rebuttal to the PEB within 10 days. Soldiers may appeal decisions in writing to the USAPDA before the final administrative processing.

38. PRESUMPTION OF FITNESS

a. The "presumption of fitness rule" is a legal artifice (rebuttable presumption) used by the PEB. Soldiers who continue to perform their duties until their separation or retirement are presumed to be fit and will not receive disability benefits. DOD Instruction 1332.39 and AR 635-40, paragraph 3-2b, provide more information on what qualifies as "retirement" and what is considered the presumption period.

b. The presumption of fitness can be overcome in one of three ways:

(1) Soldiers can demonstrate that because of their current, acute, grave disability, they have been unable to perform their MOS-defined duties for a period of time.

(2) A serious deterioration of a previously diagnosed condition occurs within the presumption period and prevents the Soldier from performing his or her duties.

(3) Because of a chronic condition, the Soldier was not performing in his or her grade or office before the presumption period.

NOTE: If no deterioration occurs within the presumption period, the ability of the Soldier to perform his or her duties in the future will not be considered.

SECTION VI
LINE OF DUTY DETERMINATIONS

39. GENERAL

LOD determinations are essential for protecting the interest of both the individual concerned and the U.S. Government when service is interrupted by injury, disease, or death. Soldiers who become casualties because of their intentional misconduct or willful negligence will not be considered as injured, diseased, or deceased in the

LOD. These Soldiers stand to lose substantial benefits as a consequence of their actions. Therefore, it is critical that the decision to categorize an injury, disease, or death as not in the LOD is made only after the deliberated and ordered procedures are followed. AR 600-8-4 provides more information.

40. REQUIREMENTS FOR LOD INVESTIGATIONS

LOD investigations are conducted essentially to determine whether misconduct or negligence was involved in the disease, injury, or death, and, if so, to what degree. Depending on the circumstances of the case, an LOD investigation may or may not be required to make this determination.

a. The LOD determination is presumed to be *LOD YES* without an investigation in the following cases:

(1) Disease, except as described in c(1) and (8) below.

(2) Injuries clearly incurred as a result of enemy action or attack by terrorists.

(3) Death from natural causes or while a passenger in a common commercial carrier or military aircraft.

b. In all other cases of death or injury, except injuries so slight and clearly of no lasting significance (for example, superficial lacerations or abrasions, mild heat injuries), an LOD investigation must be conducted.

c. Investigations may be conducted informally by the chain of command when no misconduct or negligence is indicated, or formally when an investigating officer is appointed to conduct an investigation into suspected misconduct or negligence. A formal LOD investigation must be conducted in the following circumstances:

(1) Injury, disease, death, or medical condition that occurs under strange or doubtful circumstances or is apparently because of misconduct or willful negligence.

(2) Injury or death involving the abuse of alcohol or drugs.

(3) Self-inflicted injuries or possible suicide.

(4) Injury or death while absent without leave.

(5) Injury or death while en route to final acceptance in the Army.

(6) Death of a United States Army Reserve (USAR) or United States Army National Guard (ARNG) Soldier while participating in authorized training or duty.

(7) Injury or death of a USAR or ARNG Soldier while traveling to or from authorized training or duty.

(8) When a USAR or ARNG Soldier serving on an active-duty tour of 30 days or less is disabled because of disease.

(9) In connection with an appeal of an unfavorable determination of abuse of alcohol or drugs.

(10) When requested or directed for other cases.

41. INFORMAL LOD INVESTIGATIONS

Documentation for an informal LOD investigation typically consists of DA Form 2173 completed by the MTF and the unit commander, and approved by the appointing authority or higher authority.

42. FORMAL LOD INVESTIGATIONS

A formal LOD investigation is a detailed investigation that normally begins when the MTF completes DA Form 2173 and the unit

commander annotates the requirement for a formal investigation. On receipt of the DA Form 2173, the appointing authority will appoint an investigating officer, who will complete DD Form 261. The investigating officer will then append the appropriate statements and other documentation to support his or her findings and submit them to the general court-martial convening authority for approval.

43. IMPLEMENTING INSTRUCTIONS FOR DELEGATION OF AUTHORITY FOR APPROVING CERTAIN LOD INVESTIGATIONS

a. When an approved LOD investigation is not in a Soldier's file, the MTF commander or his or her designated representative will make a presumptive finding of in the line of duty (PILD). The following documentation should be reviewed by the MTF commander or the designated representative before making a PILD finding:

(1) Medical documentation (for example, emergency-room report, sick slip signed by medical personnel, SF 600, or records from a civilian medical facility completed at or near the time of the injury) that validates that the injury did occur as the Soldier reported it. For some injuries (for example, twisted ankle, back pain), a Soldier may not seek immediate medical care, but will wait to see if the pain goes away. If a Soldier seeks medical care within 30 days after the injury and there is nothing to suggest misconduct, it is appropriate for the PEBLO to request a PILD finding.

(2) If a Soldier was injured in Southeast or Southwest Asia, Bosnia, Haiti, Kosovo, Somalia, or other areas during contingency operations, DA Form 2-1, DA Form 4037, or other verification of service in a hostile area should also be provided with the request.

b. Requests for PILD findings must identify the exact conditions for which the Soldier is being boarded.

c. All requests should be submitted on DA Form 2173, which becomes the document of record for the listed injury. All information must be verified before signing block 18.

d. The MTF commander or, if so delegated, the chief of the MTF administrative division responsible for MEB processing, should enter the following in block 30:

> Based on a review of applicable medical documents, there is no evidence to suggest that alcohol, drug use, or misconduct contributed to the listed injury. Therefore, the presumption of "in line of duty" applies.
>
> BY AUTHORITY OF THE SECRETARY OF THE ARMY

e. Block 31 should be checked *NO*, and block 32 should be checked *YES*. The commander or designated representative's name should be entered in block 34. The DA Form 2173 should be dated in block 33, signed by the authorized individual in block 35, and returned to the PEBLO for further processing of the MEB. A copy should be sent to the military personnel office for the Soldier's official military personnel file and the original sent to the PEB.

f. If the Soldier did not seek medical care within the prescribed timeframe, a request for an LOD investigation determination must be sent to the HRC.

g. The following policy applies to USAR and ARNG Soldiers:

(1) If the Soldier is in an inactive duty status or on active duty for less than 30 days and the injury or disease was diagnosed less than 2 years ago, the request for an LOD investigation should be submitted to the Soldier's current unit of assignment.

(2) If the injury or disease was diagnosed more than 2 years ago, the request for an LOD investigation should be submitted to the HRC.

(3) LOD investigation requirements for Soldiers mobilized during contingency operations are the same as for active-duty Soldiers. For obvious re-injuries of an existed prior to service (EPTS) condition, the PILD would also apply. The following should be entered on DA Form 2173, block 30:

> Based on a review of applicable medical documents, there is no evidence to suggest that alcohol, drug use, or misconduct contributed to the listed injury. Therefore, the presumption of "in line of duty" (EPTS, service aggravation) applies.
>
> BY AUTHORITY OF THE SECRETARY OF THE ARMY

(4) An LOD investigation is not required for Soldiers on active duty for more than 30 days who are diagnosed with a disease if, based on accepted medical conditions, the condition could have developed when the Soldier was mobilized. This reflects the same LOD investigation policy that is in effect for active-duty Soldiers (for example, unless the disease is contracted under unusual circumstances, an LOD investigation is not required). However, if the disease could not have developed while the Soldier was on active duty based on accepted medical principles, a request for a formal LOD investigation must be submitted to the Soldier's unit.

APPENDIX A
REFERENCES

SECTION I
PUBLICATIONS

United States Code, Title 10, Chapter 61, Retirement or Separation for Physical Disability

United States Code, Title 38, Veterans' Benefits

DOD Directive 1332.18, Separation or Retirement for Physical Disability

DOD Instruction 1332.38, Physical Disability Evaluation

DOD Instruction 1332.39, Application of the Veterans Administration Schedule for Rating Disabilities

AR 25-400-2, The Army Records Information Management System (ARIMS)

AR 40-400, Patient Administration

AR 40-501, Standards of Medical Fitness

AR 220-1, Unit Status Reporting

AR 600-8-4, Line of Duty Policy, Procedures, and Investigations

AR 600-8-19, Enlisted Promotions and Reductions

AR 600-20, Army Command Policy

AR 600-60, Physical Performance Evaluation System

AR 635-40, Physical Evaluation for Retention, Retirement, or Separation

AR 635-200, Active Duty Enlisted Administrative Separations

DA Pamphlet 360-506, Disability Separation

DA Pamphlet 611-21, Military Occupational Classification and Structure

STP 21-1-SMCT, Soldiers Manual of Common Tasks Skill Level 1

Federal Benefits for Veterans and Dependents (*http://www1.va.gov/OPA/feature/*)

Department of Veterans Affairs Guide for Disability Evaluation Examinations

Department of Veterans Affairs Book C—Schedule for Rating Disabilities (*http://www.vba.va.gov/bln/21/reference/* or *http://www.warms.vba.va.gov/bookc.html*)

United States Army Medical Command Training Guide on Disability Processing (*https://www.hrc.army.mil/site/Active/TAGD/Pda/MEBTrngManual.doc*)

SECTION II
FORMS

SF 600, Health Record - Chronological Record of Medical Care

DD Form 261, Report of Investigation - Line of Duty and Misconduct Status

DD Form 689, Individual Sick Slip

DD Form 2807-1, Report of Medical History

DD Form 2808, Report of Medical Examination

DA Form 2-1, Personnel Qualification Record - Part II

DA Form 705, Army Physical Fitness Test Scorecard

DA Form 2028, Recommended Changes to Publications and Blank Forms

DA Form 2173, Statement of Medical Examination and Duty Status

DA Form 3349, Physical Profile

DA Form 3947, Medical Evaluation Board Proceedings

DA Form 4037, Officer Record Brief

SECTION III
USEFUL WEBSITES

Medical Evaluation Board Physician's Checklist
(*https://www.hrc.army.mil/site/Active/TAGD/Pda/doctors.htm*)

Overview of the Physical Disability Evaluation System
(information paper)
(*https://www.hrc.army.mil/site/Active/TAGD/Pda/info_paper_PDES_overview32564.pdf*)

United States Army Physical Disability Agency Policy Memorandums and References
(*https://www.hrc.army.mil/site/Active/TAGD/Pda/policy_refs.htm#PolicyMemos*)

APPENDIX B
FREQUENTLY ASKED QUESTIONS

1. Q: I have a condition that prevents me from serving in cold climates. Since I am not "worldwide deployable," the PEB will find me unfit, right?
A: Lack of worldwide deployability may not be the sole criteria for finding a Soldier unfit according to DOD and DA directives.

2. Q: I will have completed 20 years of active duty service next year and plan to retire. Is there any way I can get a disability rating to help reduce my income tax liability?
A: Soldiers who are completing their careers and have had their retirement applications approved are presumed to be fit. However, the "presumption of fitness" rule can be overcome in some cases.

3. Q: I have a P3 profile because of my knee. Therefore, I must be unfit. Yet the PEB found me fit. How come?
A: The medical and other evidence in your case show that you can still reasonably perform your job. For example, a knee injury for a 75F (Personnel Information System Management Specialist) would not necessarily make you unfit, but if you were an 11B (Infantryman) with heavy physical demands, the PEB may make a different decision.

4. Q: Is there such a thing as a 0 percent disability rating, and what does it mean?
A: This does not occur often. A Soldier found unfit may be given a 0 percent rating. Unfit Soldiers with less than 20 years of active duty whose medical conditions are rated at 0 percent, 10 percent, or 20 percent are entitled to severance pay. The amount of severance pay is not affected by the percent rating; the compensation is the same.

5. Q: I am on the TDRL. What happens to my case after I have had my medical reevaluation and accepted the findings?
A: The results are forwarded to the PEB. The process and the appeal rights are the same as they were when you were initially found

unfit and placed on the TDRL. First, an informal PEB will review your case. If you are taken off the TDRL and are dissatisfied, you may choose to have a formal PEB review your case.

6. Q: Do I have to appear personally before a formal PEB?
A: Only if you choose to do so. You may choose to be represented instead by your military counsel or a counsel of choice.

7. Q: My medical condition is listed in the VASRD. Will I automatically receive a disability separation and given the percentage listed?
A: The Army can rate your condition in accordance with the VASRD only if you are first found unfit to perform your military job.

8. Q: Do Soldiers on the TDRL have a right to remain on the list for a full 5 years?
A: No. If the condition for which the Soldier was placed on the TDRL stabilizes, the PEB must decide permanent disposition.

9. Q: Why are not all Soldiers with cancer or heart conditions found unfit?
A: The Army adjudicates each case one at a time and weighs all pertinent medical and nonmedical evidence. Although these particular diagnoses are serious, the PEB's decision is based not on the diagnosis alone, but on how the impairment affects the Soldier's ability to do his or her job. The possibility that the cancer might recur or that the Soldier may suffer another heart attack is a concern, but the disability decision rests on the extent of the current, not future, impairment.

l0. Q: What happens if I go back to work after being found fit by the PEB and later experience a worsening of my condition? Will I have another chance to undergo disability processing?
A: Yes.

APPENDIX C
POINTS OF CONTACT

United States Army Europe Regional Medical Command Physical Disability Processing POCs and DSN Telephone Numbers		
Landstuhl Regional Medical Center	PEBLO/NCOIC	486-8224/6693
USAMEDDAC Heidelberg	PEBLO/NCOIC	371-2503
USAMEDDAC Würzburg	PEBLO/NCOIC	350-2277/3883
United States Army Health Clinic, Vicenza	PEBLO/NCOIC	634-7868/7777

USAREUR Major Subordinate Command MMRB and MEB POCs	
V Corps	370-5728/5765
1st Infantry Division	350-7227/6672
1st Armored Division	337-4821
21st Theater Support Command	484-8270
United States Army Southern European Task Force	634-7751/7454
Seventh United States Army Joint Multinational Training Command	475-8301

GLOSSARY

SECTION I
ABBREVIATIONS

1SG	first sergeant
ADRRB	Army Disability Rating Review Board
AGR	Active Guard Reserve
AOC	area of concentration
APDAB	Army Physical Disability Appeal Board
APFT	Army physical fitness test
ARNG	United States Army National Guard
ASD (HA)	Assistant Secretary of Defense for Health Affairs
CCEP	Comprehensive Clinical Evaluation Phase
DA	Department of Army
DCCS	deputy commander for clinical services
DOD	Department of Defense
DSN	Defense Switched Network
EPTS	existed prior to service
ETS	expiration term of service
HHC	headquarters and headquarters company
HMMWV	high mobility multipurpose wheeled vehicle
HRC	United States Army Human Resources Command
LOD	line of duty
MEB	medical evaluation board
MEBITT	Medical Evaluation Board Internal Tracking Tool
MEDPROS	Medical Protection System
MMRB	military occupational specialty/medical retention board
MOS	military occupational specialty
MTF	medical treatment facility
NARSUM	narrative summary
NCO	noncommissioned officer
NCOER	noncommissioned officer evaluation report

NCOES	Noncommissioned Officer Education System
NCOIC	noncommissioned officer in charge
OER	officer evaluation report
OMPF	official military personnel file
PDES	Physical Disability Evaluation System
PDR	permanent disability retired
PEB	physical evaluation board
PEBLO	physical evaluation board liaison officer
PILD	presumptive finding of in the line of duty
PMOS	primary military occupational specialty
POC	point of contact
PPES	Physical Performance Evaluation System
PULHES	physical capacity or stamina, upper extremities, lower extremities, hearing and ears, eyes, psychiatric
SGM	sergeant major
SSN	social security number
TDRL	temporary disability retired list
TOW	tube-launched, optically tracked, wire-guided
UCMJ	Uniform Code of Military Justice
UOTH	under other than honorable
U.S.	United States
USAMEDDAC	United States Army Medical Department Activity
USAPDA	United States Army Physical Disability Agency
USAR	United States Army Reserve
USAREUR	United States Army, Europe
VA	Department of Veterans Affairs
VASRD	Veterans Affairs Schedule for Rating Disabilities

SECTION II
TERMS

active duty
Full-time duty in the active military service of the United States.

acute, grave disability
A pathological condition having a sudden onset or sharp rise that is very serious or dangerous to life. It is usually short and relatively severe as opposed to a prolonged chronic condition.

counsel
An individual who advises and represents Soldiers at formal physical evaluation board (PEB) hearings. This includes members in good standing of the Federal or a State bar, accredited representatives of veterans organizations recognized by Department of Veterans Affairs, and other persons who, in the opinion of the PEB, are considered competent to present the Soldier's case equitably and comprehensively.

physically unfit
Unfitness because of physical or mental disability. The unfitness is of such a degree that the Soldier is unable to perform the duties of his or her office, grade, or rating in a way as to reasonably fulfill the purpose of his or her employment on active duty or as a member of the Reserve.

presumption of fitness rule
The presumption that a Soldier is fit because of his or her continued duty performance until he or she is scheduled for separation or retirement for reasons other than physical disability.

service aggravation
The worsening of a medical condition that existed before a Soldier's military service and was aggravated as a result of the military service more than it would have been in the absence of military service.