

MEB DOCUMENT CHECKLIST

*MEB Documents(** To be completed by Assigned MTF)*

MEB Proceedings (DA Form 3947) and Narrative Summary (NARSUM) w/ supporting documentation will be added to the MEB packet by the MTF.

No other MEB Document Checklist is authorized. Deviation from the below order of documents is not authorized. Failure to provide all required documentation (to include statements of non-availability or explanation) will result in the case being returned without action. Do not send with the intent of forwarding missing documents at a later date.

1**		MTF MEB Proceedings (DA Form 3947 or appropriate Interservice/Triservice MEB)
2**		MTF NARSUM
3**		MTF Additional Medical Documents supporting NARSUM or Addendum (i.e Medication Profile, Photos as appropriate) , STR and associated clinical records

Required Documents (in the following order)

1		Complete Service Treatment Record (including any Civilian medical treatment and Medication Profile from pharmacist as applicable; Statement summarizing where and when attempts were made to locate all STRs)
2		PHA/ Physical Exam (DD Form 2808, DD 2807-1, current within previous 6 months) / VA C&P Exam (current within previous 12 months) (all available as applicable)
3		Physical Profile (DA Form 3349) completed IAW AR 40-501
4		Commander's Performance and Functional Statement (DA Form 7652)
5		Copy of MMRB Proceedings (if applicable)
6		Approved LODs with decisions (DD 261-signed by CG/DA Form 2173) (as required)
7		VA Rating (if applicable)
8		Previous MEB/PEB Decisions (if applicable)
9		Copy of Last 3 evaluation reports (OER/NCOER/Development Counseling or statement explaining non-availability)
10		Current PQR / ORB / ERB (Officer/Enlisted Record Brief, Personnel Qualification Record) **as applicable must be an updated copy reflecting current PULHES
11		Current end of month LES (DFAS Form 702)
12		All Orders (Attachment/Extension/Mobilization/ADME/MRP-E/MRP /CBWTU/AGR with all amendments)
13		Orders for promotion/demotion if demoted within the last 2 years
14		Previous Discharge Documents -- DD 214 & DD 215 / NGB-22 (if applicable for all AD service)
15		Retirement Orders or 15/20 Year Retirement Letter (as applicable)
16		Retirement Points Statement (NGB Form 23 or ARPC Form 249-2-E) – Thru current RYE
17		Other:

Last Name: _____ First Name: _____ Rank/Grade _____ Date: _____

Soldier's Home Phone #: _____ Soldier's Cell Phone #: _____

Unit Name & Address: _____

Unit POC Name :

Unit POC Phone:

POC Officer/NCOIC Signature & Date:

TAB 1

Medical Documents

Medical Documents

Medical documents should be maintained in a medical jacket attached to the packet.

TAB 2

Physical Health Assessment (PHA)

DD Form 2808 (Report of Medical Examination)

DD Form 2807-1 (Report of Medical History)

Name:

SSN (last 4):0000

Demographics

Name (First, Last):	SSN:
Date of Birth: 11/10/1974	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Component: <input type="checkbox"/> Active Army <input checked="" type="checkbox"/> Army Reserve <input type="checkbox"/> Army National Guard	Rank:

Allergies*Are you allergic to any of the following:**If yes, please state if the reaction is mild, moderate, or severe.*

Allergy	Reaction	Comments	Allergy	Reaction	Comments
<input checked="" type="checkbox"/> None			<input type="checkbox"/> Adhesive Tape:		
<input type="checkbox"/> Milk:			<input type="checkbox"/> Bee Stings:		
<input type="checkbox"/> Eggs:			<input type="checkbox"/> Shell Fish:		
<input type="checkbox"/> Iodine			<input type="checkbox"/> Nickel:		
<input type="checkbox"/> Latex:			<input type="checkbox"/> Nuts:		
<input type="checkbox"/> Other:					

*Medicine Allergies – Are you allergic to any of the following:**If yes, please state if the reaction is mild, moderate, or severe*

Allergy	Reaction	Comments	Allergy	Reaction	Comments
<input checked="" type="checkbox"/> None			<input type="checkbox"/> Penicillin:		
<input type="checkbox"/> Sulfa Drugs:			<input type="checkbox"/> Codeine:		
<input type="checkbox"/> Vaccines:			<input type="checkbox"/> Aspirin:		
<input type="checkbox"/> Other:					

Overall Health – If you answer yes to any question please provide comments.**1. Do you currently have or have you had dental problems since your last military exam?** Yes No

Comments:

Provider Comments:

2. Have you been seen or treated by a health care provider since your last military exam? Yes No

Comments:

Provider Comments:

Name:

SSN (last 4):0000

3. Have you been hospitalized or had surgery since your last military exam?
 Yes No
Comments:

Provider Comments:

4. Are you taking any over the counter medications, prescription medications, and/or supplements?
 Yes No
List Medications:

4a. If yes, are you having any side effects from the medication?
 Yes No

5. Are you currently receiving any VA disability, workman's compensation, or other type of compensation for health or physical reason?
 Yes No
Comments:

Provider Comments:

6. Are you on a profile or do you have a medical condition that keeps you from taking any part of the APFT, requires you to take alternate APFT event, or keeps you from doing your military job duties?
 Yes No
Provider Comments:

Current Health

Symptom	Do you or have you ever had:	Currently treated?	Soldier Comments	Provider Comments
Heart trouble/chest pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rheumatic fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name:

SSN (last 4):0000

Symptom	Do you or have you ever had:	Currently treated?	Soldier Comments	Provider Comments
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Frequent headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Thyroid disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Back pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sinus disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hives/rash	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Asthma/hay fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Joint pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chronic pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name:

SSN (last 4):0000

Symptom	Do you or have you ever had:	Currently treated?	Soldier Comments	Provider Comments
Ulcers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mental health concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (please list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Preventive Health – If yes is checked enter a Referral or check Education.

Referral Options: Military Treatment Facility; Division/Line Based Medical Resource; VHA; Vet Care; TRICARE Provider; Contract Support; Community Service; Primary Care Manager; Soldier Declined; Civilian Behavioral Health; Military One Source; Other.

Tobacco Use:	
Do you smoke any kind of tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Referral: <input type="checkbox"/> Education	
<i>If Yes, please answer the following questions:</i>	
1. How soon after you wake up do you smoke your first cigarette? <input type="checkbox"/> After 60 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> Within 5 minutes	2. Do you find it difficult to refrain from smoking in places where it is forbidden? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Which cigarette would you hate most to give up? <input type="checkbox"/> The first in the morning <input type="checkbox"/> Any other	4. How many cigarettes per day do you smoke? <input type="checkbox"/> 10 or less <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31 or more
5. Do you smoke more frequently during the first hours after awakening than during the rest of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you smoke even if you are so ill that you are in bed most of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you dip or chew?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Referral: <input type="checkbox"/> Education	
<i>If Yes, please answer the following questions:</i>	
1. How soon after you wake up do you place your first dip? <input type="checkbox"/> After 60 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> Within 5 minutes	2. How often do you intentionally swallow tobacco juice? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
3. Which chew would you hate most to give up? <input type="checkbox"/> The first in the morning <input type="checkbox"/> Any other	4. How many cans/pouches per week do you use? <input type="checkbox"/> More than 3 <input type="checkbox"/> 2-3 <input type="checkbox"/> 1
5. Do you chew more frequently during the first hours after awakening than during the rest of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you chew even if you are so ill that you are in bed most of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name:

SSN (last 4):0000

Alcohol Use:	
How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4 or more times a week	<input type="checkbox"/> Referral: <input type="checkbox"/> Education

<i>If you answer anything other than never, please answer the following questions:</i>	
How many drinks containing alcohol do you have on a typical day when you are drinking? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10 or more	How often do you have six or more drinks on one occasion? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily
Do you use alcohol more than you mean to? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you felt that you wanted to or needed to cut down on your drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No

Behavioral Health

Referral Options: Military Treatment Facility; Division/Line Based Medical Resource; VHA; Vet Care; TRICARE Provider; Contract Support; Community Service; Primary Care Manager; Soldier Declined; Civilian Behavioral Health; Military One Source; Other.

Mental Health	
Little interest or pleasure in doing things? <input type="checkbox"/> Yes <input type="checkbox"/> No	Feeling down, depressed, or hopeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answer yes to either question, please answer the following questions:</i>	
Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?	
Little interest or pleasure in doing things?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Feeling down, depressed, or hopeless?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Trouble falling asleep or staying asleep, or sleeping too much	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Feeling tired or having little energy	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Poor appetite or overeating	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Feeling bad about yourself – or that you are a failure of that you have let yourself or your family down	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than normal	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/> Not at all <input type="checkbox"/> Several Days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult
Enter a Referral or check education if needed: <input type="checkbox"/> Referral: <input type="checkbox"/> Education	
Additional Comments:	

Name:

SSN (last 4):0000

Family History – Choose all that apply for each family member. –Select condition from list for each checked box.

Cancer: <i>Lung, Breast, Colon, Prostate, Bone, Brain, Lymphatic, Skin, Ovarian, Cervical, Testicular, Renal, Pancreatic, Esophageal, Liver, Multiple, Other, None, Unsure, Unknown</i>	Cardiovascular: <i>Myocardial infarction, Cerebral vascular accident, Coronary artery disease, hypertension, Cardiac arrhythmia, Congestive heart failure, Hypercholesterolemia, Ischemic heart disease, Cardiomyopathy, Sudden cardiac death, Aortic aneurysm, Multiple, Other, None, Unsure, Unknown</i>	Diabetes: <i>Type 1, Type 2, none, unsure, unknown</i>	Mental Health: <i>Generalized anxiety disorder, Depression, Bipolar disease, Schizophrenia, Obsessive compulsive disorder, Attention deficit disorder, Split personality disorder, Personality disorder, Adjustment disorder, Eating disorder, Tourette syndrome, Agoraphobia, Autism, Seasonal affective disorder, Suicide, Multiple, Other, unsure, none, unknown</i>	Chemical Dependency: <i>Alcohol, Cocaine/crack, Heroin, Marijuana, Methamphetamine, Narcotics, Glue/solvents, LSD, Benzodiazepines, Ecstasy, Multiple, Other, unknown, unsure, none</i>
<input type="checkbox"/> Father	<input type="checkbox"/> Father	<input type="checkbox"/> Father	<input type="checkbox"/> Father	<input type="checkbox"/> Father
<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother
<input type="checkbox"/> Sibling	<input type="checkbox"/> Sibling	<input type="checkbox"/> Sibling	<input type="checkbox"/> Sibling	<input type="checkbox"/> Sibling
Mother's Side	Mother's Side	Mother's Side	Mother's Side	Mother's Side
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather
Father's Side	Father's Side	Father's Side	Father's Side	Father's Side
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather

Evaluation – This portion is to be completed by the Provider.

Test	Referral	Discussion	Date of Completion
Cholesterol Recorded Cholesterol: Recorded HDL Cholesterol:	<input type="checkbox"/>	<input type="checkbox"/>	
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	
Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	
Colorectal Cancer Screening <input type="checkbox"/> Three Card Fecal Occult Test <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> Colonoscopy – includes CT colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Pressure Systolic: 120 Diastolic: 80	<input type="checkbox"/>	<input type="checkbox"/>	11/1/2011
Visual Acuity Test 20/	<input type="checkbox"/>	<input type="checkbox"/>	
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	
EKG	<input type="checkbox"/>	<input type="checkbox"/>	

Name: _____

SSN (last 4):0000

Framingham – This portion is to be completed by the Provider.

Blood Pressure: <input checked="" type="checkbox"/> Untreated <input type="checkbox"/> Treated	Framingham Calculated Risk: < 1%
--	-------------------------------------

PULHES – This portion is to be completed by the Provider.

PULHES: <input type="checkbox"/> P <input type="checkbox"/> U <input checked="" type="checkbox"/> L <input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> S	Height (inches):	Weight:
Physical Category Codes: (Enter their priority 1-6 behind each box checked)		
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> L <input type="checkbox"/> M		
<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W MMRB <input type="checkbox"/> X <input type="checkbox"/> Y		
Deployable to an austere environment within the next 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:		
Provider Name:		Date:
Provider Signature: X		

REPORT OF MEDICAL EXAMINATION	1. DATE OF EXAMINATION (YYYYMMDD)	2. SOCIAL SECURITY NUMBER
--------------------------------------	--------------------------------------	---------------------------

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
---	--	---

6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
----------	--------------------------------	--------	--	--	--

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE Organization: Unit:
--	---------------------------------------	--

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
---	----------------------	--------------------

15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
---	---	--	---

CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
17. Head, face, neck, and scalp				
18. Nose				
19. Sinuses				
20. Mouth and throat				
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)				
22. Drums (Perforation)				
23. Eyes - General (Visual acuity and refraction under items 61 - 63)				
24. Ophthalmoscopic				
25. Pupils (Equality and reaction)				
26. Ocular motility (Associated parallel movements, nystagmus)				
27. Heart (Thrust, size, rhythm, sounds)				
28. Lungs and chest (Include breasts)				
29. Vascular system (Varicosities, etc.)				
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)				
31. Abdomen and viscera (Include hernia)				
32. External genitalia (Genitourinary)				
33. Upper extremities				
34. Lower extremities (Except feet)				
35. Feet (See Item 35 Continued)				
36. Spine, other musculoskeletal				
37. Identifying body marks, scars, tattoos				
38. Skin, lymphatics				
39. Neurologic				
40. Psychiatric (Specify any personality deviation)				
41. Pelvic (Females only)				
42. Endocrine				

43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____	35. FEET (Continued) (Circle category) <input type="checkbox"/> Normal Arch <input type="checkbox"/> Mild <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Pes Cavus <input type="checkbox"/> Moderate <input type="checkbox"/> Symptomatic <input type="checkbox"/> Pes Planus <input type="checkbox"/> Severe
---	--

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
---	------------------------

LABORATORY FINDINGS				
45. URINALYSIS	a. Albumin	46. URINE HCG	47. H/H	48. BLOOD TYPE
	b. Sugar			
TESTS	RESULTS	HIV SPECIMEN ID LABEL		DRUG TEST SPECIMEN ID LABEL
49. HIV				
50. DRUGS				
51. ALCOHOL				
52. OTHER				
a. PAP SMEAR				
b.				
c.				

MEASUREMENTS AND OTHER FINDINGS															
53. HEIGHT	54. WEIGHT	55. MIN WGT - MAX WGT			MAX BF %			56. TEMPERATURE	57. PULSE						
	lbs.														
58. BLOOD PRESSURE				59. RED/GREEN (Army Only)			60. OTHER VISION TEST								
a. 1ST	b. 2ND	c. 3RD													
SYS.	SYS.	SYS.													
DIAS.	DIAS.	DIAS.													
61. DISTANT VISION			62. REFRACTION BY AUTOREFRACTION OR MANIFEST				63. NEAR VISION								
Right 20/	Corr. to 20/		By	S.	CX		Right 20/	Corr. to 20/ by							
Left 20/	Corr. to 20/		By	S.	CX		Left 20/	Corr. to 20/ by							
64. HETEROPHORIA (Specify distance)															
ES	EX	R.H.	L.H.	Prism div.	Prism Conv	CT	NPR	PD							
65. ACCOMMODATION			66. COLOR VISION (Test used and result)			67. DEPTH PERCEPTION (Test used and score) AFVT									
Right	Left		PIP			/14		Uncorrected		Corrected					
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. INTRAOCULAR TENSION							
								O.D.	O.S.						
71a. AUDIOMETER		Unit Serial Number				71b. Unit Serial Number				72a. READING ALOUD					
		Date Calibrated (YYYYMMDD)				Date Calibrated (YYYYMMDD)				TEST					
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	<input type="checkbox"/> SAT	<input type="checkbox"/> UNSAT
Right										72b. VALSALVA					
Left										<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0413
OMB approval expires
Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both); to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) ,	2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) , ,	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
b. HOME TELEPHONE (Include Area Code)		

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component) , ,
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program	b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)
--	--

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

	YES	NO		YES	NO
HAVE YOU EVER HAD OR DO YOU NOW HAVE:			12. (Continued)		
10.a. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Lived with someone who had tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	g. Impaired use of arms, legs, hands, or feet	<input type="checkbox"/>	<input type="checkbox"/>
c. Coughed up blood	<input type="checkbox"/>	<input type="checkbox"/>	h. Swollen or painful joint(s)	<input type="checkbox"/>	<input type="checkbox"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="checkbox"/>	<input type="checkbox"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="checkbox"/>	<input type="checkbox"/>
f. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="checkbox"/>	<input type="checkbox"/>
g. Wheezing or problems with wheezing	<input type="checkbox"/>	<input type="checkbox"/>	l. Bone, joint, or other deformity	<input type="checkbox"/>	<input type="checkbox"/>
h. Been prescribed or used an inhaler	<input type="checkbox"/>	<input type="checkbox"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="checkbox"/>	<input type="checkbox"/>
i. A chronic cough or cough at night	<input type="checkbox"/>	<input type="checkbox"/>	n. Broken bone(s) (cracked or fractured)	<input type="checkbox"/>	<input type="checkbox"/>
j. Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	13.a. Frequent indigestion or heartburn	<input type="checkbox"/>	<input type="checkbox"/>
k. Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="checkbox"/>	<input type="checkbox"/>
l. Chronic or frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	c. Gall bladder trouble or gallstones	<input type="checkbox"/>	<input type="checkbox"/>
11.a. Severe tooth or gum trouble	<input type="checkbox"/>	<input type="checkbox"/>	d. Jaundice or hepatitis (liver disease)	<input type="checkbox"/>	<input type="checkbox"/>
b. Thyroid trouble or goiter	<input type="checkbox"/>	<input type="checkbox"/>	e. Rupture/hernia	<input type="checkbox"/>	<input type="checkbox"/>
c. Eye disorder or trouble	<input type="checkbox"/>	<input type="checkbox"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="checkbox"/>	<input type="checkbox"/>
d. Ear, nose, or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Loss of vision in either eye	<input type="checkbox"/>	<input type="checkbox"/>	h. Frequent or painful urination	<input type="checkbox"/>	<input type="checkbox"/>
f. Worn contact lenses or glasses	<input type="checkbox"/>	<input type="checkbox"/>	i. High or low blood sugar	<input type="checkbox"/>	<input type="checkbox"/>
g. A hearing loss or wear a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	j. Kidney stone or blood in urine	<input type="checkbox"/>	<input type="checkbox"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	k. Sugar or protein in urine	<input type="checkbox"/>	<input type="checkbox"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Arthritis, rheumatism, or bursitis	<input type="checkbox"/>	<input type="checkbox"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="checkbox"/>	<input type="checkbox"/>
c. Recurrent back pain or any back problem	<input type="checkbox"/>	<input type="checkbox"/>	b. Recent unexplained gain or loss of weight	<input type="checkbox"/>	<input type="checkbox"/>
d. Numbness or tingling	<input type="checkbox"/>	<input type="checkbox"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Loss of finger or toe	<input type="checkbox"/>	<input type="checkbox"/>	d. Tumor, growth, cyst, or cancer	<input type="checkbox"/>	<input type="checkbox"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

SOCIAL SECURITY NUMBER

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO			YES	NO
15. a. Dizziness or fainting spells				<input type="checkbox"/>	<input type="checkbox"/>		
b. Frequent or severe headache				<input type="checkbox"/>	<input type="checkbox"/>		
c. A head injury, memory loss or amnesia				<input type="checkbox"/>	<input type="checkbox"/>		
d. Paralysis				<input type="checkbox"/>	<input type="checkbox"/>		
e. Seizures, convulsions, epilepsy or fits				<input type="checkbox"/>	<input type="checkbox"/>		
f. Car, train, sea, or air sickness				<input type="checkbox"/>	<input type="checkbox"/>		
g. A period of unconsciousness or concussion				<input type="checkbox"/>	<input type="checkbox"/>		
h. Meningitis, encephalitis, or other neurological problems				<input type="checkbox"/>	<input type="checkbox"/>		
16. a. Rheumatic fever				<input type="checkbox"/>	<input type="checkbox"/>		
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)				<input type="checkbox"/>	<input type="checkbox"/>		
c. Pain or pressure in the chest				<input type="checkbox"/>	<input type="checkbox"/>		
d. Palpitation, pounding heart or abnormal heartbeat				<input type="checkbox"/>	<input type="checkbox"/>		
e. Heart trouble or murmur				<input type="checkbox"/>	<input type="checkbox"/>		
f. High or low blood pressure				<input type="checkbox"/>	<input type="checkbox"/>		
17. a. Nervous trouble of any sort (anxiety or panic attacks)				<input type="checkbox"/>	<input type="checkbox"/>		
b. Habitual stammering or stuttering				<input type="checkbox"/>	<input type="checkbox"/>		
c. Loss of memory or amnesia, or neurological symptoms				<input type="checkbox"/>	<input type="checkbox"/>		
d. Frequent trouble sleeping				<input type="checkbox"/>	<input type="checkbox"/>		
e. Received counseling of any type				<input type="checkbox"/>	<input type="checkbox"/>		
f. Depression or excessive worry				<input type="checkbox"/>	<input type="checkbox"/>		
g. Been evaluated or treated for a mental condition				<input type="checkbox"/>	<input type="checkbox"/>		
h. Attempted suicide				<input type="checkbox"/>	<input type="checkbox"/>		
i. Used illegal drugs or abused prescription drugs				<input type="checkbox"/>	<input type="checkbox"/>		
18. FEMALES ONLY. Have you ever had or do you now have:							
a. Treatment for a gynecological (female) disorder				<input type="checkbox"/>	<input type="checkbox"/>		
b. A change of menstrual pattern				<input type="checkbox"/>	<input type="checkbox"/>		
c. Any abnormal PAP smears				<input type="checkbox"/>	<input type="checkbox"/>		
d. First day of last menstrual period (YYYYMMDD)				<input type="checkbox"/>	<input type="checkbox"/>		
e. Date of last PAP smear (YYYYMMDD)				<input type="checkbox"/>	<input type="checkbox"/>		
19. Have you been refused employment or been unable to hold a job or stay in school because of:							
a. Sensitivity to chemicals, dust, sunlight, etc.				<input type="checkbox"/>	<input type="checkbox"/>		
b. Inability to perform certain motions				<input type="checkbox"/>	<input type="checkbox"/>		
c. Inability to stand, sit, kneel, lie down, etc.				<input type="checkbox"/>	<input type="checkbox"/>		
d. Other medical reasons (If yes, give reasons.)				<input type="checkbox"/>	<input type="checkbox"/>		
20. Have you ever been treated in an Emergency Room? (If yes, for what?)				<input type="checkbox"/>	<input type="checkbox"/>		
21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)				<input type="checkbox"/>	<input type="checkbox"/>		
22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)				<input type="checkbox"/>	<input type="checkbox"/>		
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)				<input type="checkbox"/>	<input type="checkbox"/>		
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)				<input type="checkbox"/>	<input type="checkbox"/>		
25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)				<input type="checkbox"/>	<input type="checkbox"/>		
26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability.)				<input type="checkbox"/>	<input type="checkbox"/>		
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)				<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you ever been denied life insurance?				<input type="checkbox"/>	<input type="checkbox"/>		

29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)

SOCIAL SECURITY NUMBER

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*

c. SIGNATURE

d. DATE SIGNED
(YYYYMMDD)

TAB 3

DA Form 3349 (Physical Profile)

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 8)

TAB 4

**DA Form 7652 (PDES Commander's Performance &
Functional Statement)**

**PHYSICAL DISABILITY EVALUATION SYSTEM (PDES)
COMMANDER'S PERFORMANCE AND FUNCTIONAL STATEMENT**

For use of this form see HQDA Letter 635-08-1; The proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC chapter 61 and 5 USC 301
PURPOSE: To provide information to the PEB on the impact of a medical impairment on a Soldier's ability to perform duties and to provide administrative information that impacts disability adjudication and/or benefits if the Soldier is determined unfit.
ROUTINE USES: See Purpose
DISCLOSURE: Information is required in order to properly adjudicate the Soldier's case in the best interests of the Soldier and the Army.

SECTION I: SOLDIER DEMOGRAPHIC INFORMATION

1. DATE (YYYYMMDD)	2a. LAST NAME	2b. FIRST NAME	2c. MIDDLE NAME	3. PMOS
4. BASD	5. COMPONENT	6a. BIRTHDATE (YYYYMMDD)	6b. AGE	7. UNIT OF ASSIGNMENT

SECTION II: ADMINISTRATIVE INFORMATION

Instructions: The information in this section should be confirmed by the appropriate personnel activity and with the Soldier.

DATA ITEM	Yes	No	
1. Is Soldier charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is Soldier pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer)? Chapter _____, Para _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, specify the chapter and paragraph.
3. Does Soldier have an approved voluntary retirement? Date retirement approved: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list date retirement was approved.
4. Is officer within 12 months of mandatory retirement for age or years of service or approved for Selective Early Retirement? Date of officer's mandatory retirement: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list mandatory retirement date.
5. REGULAR COMPONENT SOLDIERS ONLY: Does Soldier have prior service in the Selected or Individual Ready Reserve?	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, specify type of service. Ex: Served as a member of the ARNG or a USAR Troop Program Unit.
6. RESERVE COMPONENT SOLDIERS ONLY: Is Soldier within 12 months of his or her mandatory removal date? Mandatory Removal Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list mandatory removal date.
7. RESERVE COMPONENT SOLDIERS ONLY. If the answer to question to 6 is yes, will Soldier have 20 qualifying years of service at time of his or her mandatory removal date for purposes of eligibility for non regular retirement?	<input type="checkbox"/>	<input type="checkbox"/>	
8. ACTIVE COMPONENT ONLY. Is Soldier within 12 months of his or her Retention Control Point (RCP) and will Soldier be eligible for length of service retirement at the RCP? RCP date: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list RCP date.
9. Was Soldier's retirement for length of service delayed by Stop Loss? MILPER MESSAGE _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list the applicable MILPER Stop Loss message.
10. If an enlisted Soldier, is the Soldier due an automatic advancement? (See AR 600-8-19 concerning promotable status of enlisted Soldiers in the PDES.) Date due automatic promotion: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list date Soldier due next automatic advancement.
11. If an enlisted Soldier, is the Soldier on a semi-centralized or centralized promotion list?	<input type="checkbox"/>	<input type="checkbox"/>	
12. If an officer, is the Soldier on an approved promotion list?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has Soldier previously held higher rank? Highest rank held: _____	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, list rank and explain the reason Soldier is not serving in highest rank previously held.

DATA ITEM (Continued)	Yes	No	
14. Was Soldier on 24 September 1975, a member of the Armed Forces, to include the Reserve components, the National Oceanic and Atmospheric Administration (NOAA and formerly the Coast and Geodetic Survey), the U.S. Public Health Service, or under a binding written agreement to become such a member? (NOTE: A Soldier who was a contracted cadet of a U.S. Service Academy or a contracted ROTC cadet or a member of an Armed Force of another country on that date is included in the meaning of Armed Forces.)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Was Soldier's current referral to MEB/PEB the result of evaluation by an MOS/Medical Retention Board (MMRB)?	<input type="checkbox"/>	<input type="checkbox"/>	If answer is YES, attach MMRB results.

SECTION III. PERFORMANCE INFORMATION

You are entering information into a performance-based system. Focus your comments on chronic conditions. The PEB must understand the impact of your Soldier's conditions on his/her ability to perform duties in the primary MOS. Severe, acute physical conditions generally need little performance discussion because the PEB members easily understand the limitations.

Should the PEB determine the Soldier is not fit for either a mental disorder or residuals of a Traumatic Brain Injury (TBI), the PEB must gauge the Soldier's capacity to perform in the civilian sector. For these conditions, the PEB looks at the Soldier's current functioning in the military, without regard to whether the Soldier is performing in his/her PMOS.

In all cases of Medical Corps officers with a clinical specialty area of concentration and assigned to a clinical position, the officer's first line medical supervisor will complete Sections III and complete and sign in IV. In all cases of officers of the Judge Advocate General Corps (JAG), Sections III and IV will be completed by the officer's Staff Judge Advocate, Command Judge Advocate, or agency/section supervisor.

SECTION III A. For each Soldier, regardless of condition(s).

For each item, mark Yes, No, or N/Obs (not observed). In Section III D: fully explain every 'No.'

#	ITEM	Yes	No	N/Obs
1.	Soldier performs duties in MOS (to include assigned MOS duties in unit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Soldier in appropriate TO&E or TDA position for grade and MOS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Soldier's medical conditions/limitations affect unit accomplishing mission. <i>If Yes, fully explain in Section III D.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I recommend retaining this Soldier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III B. For each Soldier with a mental disorder (including Post Traumatic Stress Disorder (PTSD), major depressive disorder, anxiety disorder, bipolar disorder, etc.).

Consider Soldier's performance over the past several months. Indicate whether performance seems to be improving, worsening, or static. For example, where Soldier demonstrated periods of not completing tasks to time and quality standards, but is now completing tasks to standards indicate Soldier had issues but is now performing normally.

SECTION III B (Continued)

Use Section III D if additional space required and to provide additional discussion.

1	Describe/list <i>discrete, specific</i> duties/tasks Soldier can complete to standard (time and quality).
	A <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
	B <input type="checkbox"/> No difficulties.
	C <input type="checkbox"/> Not observed.
2	Describe <i>types of duties</i> Soldier does not complete to standard (time and quality).
	A <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
	B <input type="checkbox"/> No difficulties.
	C <input type="checkbox"/> Not observed.
3	Indicate whether performance issues are due to (choose all that apply):
	A <input type="checkbox"/> Soldier needs more time for each task;
	B <input type="checkbox"/> Soldier performs duties/tasks with errors or incompletely.
	C <input type="checkbox"/> Soldier does not complete the duties/tasks.
	D <input type="checkbox"/> Soldier unable to complete 8 hour duty day.
	E <input type="checkbox"/> No difficulties.
	F <input type="checkbox"/> Not observed.
4	Considering 1-3 above, and Soldier's work performance during the time you have observed Soldier, choose most accurate description of Soldier's performance:
	A <input type="checkbox"/> Periods of diminished attention or performance only when significantly stressed. If known, indicate type of stress eliciting performance issues. Indicate frequency (for example: once two months ago for two days before court appearance). Describe performance during this time.
	B <input type="checkbox"/> Occasional decrease in work efficiency (performs more slowly and/or with more errors).
	C <input type="checkbox"/> Intermittent periods where Soldier unable to perform occupational tasks.
	D <input type="checkbox"/> Occasional difficulties with reduced reliability and productivity.
	E <input type="checkbox"/> Not observed.
5	Effective work relationships with supervisors and/or co-workers.
	A <input type="checkbox"/> Has effective work relationships with both supervisors and co-workers.
	B <input type="checkbox"/> Difficulty establishing and/or maintaining effective work relationships with supervisors and/or co-workers. Discuss.
	C <input type="checkbox"/> Does not establish and/or does not maintain effective relationships with supervisors and/or co-workers. Discuss.
	D <input type="checkbox"/> Not observed.

SECTION III C. If Soldier has a diagnosis of Traumatic Brain Injury (TBI), assess Soldier's performance.

Use Section III D to provide additional discussion.

1. Task/duty completion (functional capacity).

	Completing tasks/duties to standard.
	A <input type="checkbox"/> Performs tasks/duties to standards.
	B <input type="checkbox"/> Mild difficulties completing tasks/duties to standards. Discuss.
	C <input type="checkbox"/> Moderate difficulties completing tasks/duties to standards. Discuss.
	D <input type="checkbox"/> Severe difficulties completing tasks/duties to standards. Discuss.
	E <input type="checkbox"/> Not observed.

2. Decision Making.

Based on your observations of Soldier's performance, can you gauge the quality of Soldier's decisions? If so, indicate whether Soldier:

- A Makes reasonable decisions, including complex or unfamiliar ones. Discuss and include examples of Soldier's reasonable decisions.
- B Makes reasonable decisions; occasionally makes (or avoids making) unreasonable complex or unfamiliar decisions. Discuss and include examples.
- C Makes simple decisions but usually not complex or unfamiliar decisions. Discuss and include examples.
- D Not observed.

3. Social Interactions.

Social Interaction. Describe whether Soldier displays inappropriate social interactions. Discuss.

- A Describe behaviors and indicate frequency (occasionally, frequently, most of the time; or you can indicate in %s.) Discuss.
- B Not observed.

4. Performance issues due to Soldier's complaints of TBI residuals.

Where you have observed negative performance issues and Soldier attributes these performance issues to physical symptoms (e.g., headache; dizziness; insomnia, hypersensitive to sound or light) indicate the impact on Soldier's performance.

- A Mild interference, e.g., able to complete with more time or completes work with more than the normal frequency of errors.
- B Moderate interference, e.g., the result is the equivalent to missing work several hours a day. An example of the impact on performance and the frequency of this impact is: "headaches requiring rest period during most days."
- C Not observed.

5. Workplace Interactions.

Does Soldier appear: irritable; impulsive; unpredictable; unmotivated; verbally aggressive; physically aggressive; belligerent; apathetic; moody; uncooperative; inflexible; unfeeling; or unaware of condition? If so, indicate how these characteristics appear to impact Soldier's workplace interactions:

- A Do not interfere with workplace interaction. Discuss.
- B Occasionally interfere with workplace interaction. Discuss.
- C Frequently interfere with workplace interaction. Discuss.
- D Interfere or preclude workplace interaction on most days. Discuss.
- E Occasionally requires supervision (for safety of self or others.) Discuss.
- F Not observed.

SECTION III D. COMMENT SECTION

INSTRUCTIONS:

Whenever possible, include more than "Soldier not performing because of profile limitations." Indicate specific duties Soldier currently performs and hours per week Soldier performs duties other than those within Soldier's PMOS. Describe Soldier's performance.

For III A, B, and C above, reference item # and provide additional detail/discussion, as required. Use additional pages as required.

Continuation Page

SECTION IV: COMMANDER'S VALIDATION AND SIGNATURE

1. PRINTED NAME		2. RANK	3. BRANCH	4. TITLE
5. SIGNATURE		6. UNIT ADDRESS		
7. PHONE NUMBER	8. E-MAIL ADDRESS	9. DSN		10. FAX NUMBER

INSTRUCTIONS:

Whenever possible, include more than "Soldier not performing because of profile limitations." Indicate specific duties Soldier currently performs and hours per week Soldier performs duties other than those within Soldier's PMOS. Describe Soldier's performance.

For III A, B, and C above, reference item # and provide additional detail/discussion, as required. Use additional pages as required.

TAB 5

MMRB Board Proceedings

Or

MAR2 Decision Memorandum

Office Symbol

Date

MEMORANDUM FOR Commander, Unit Address, City, State Zip Code

SUBJECT: Summary of Military Occupational Specialty (MOS)/Medical Retention Board (MMRB) Proceedings Pertaining to **(Soldier's Rank, Name, and SSN)**

1. The (State) Army National Guard MOS/Medical Retention Board (MMRB) convened in **(City, State)** on **(Date)**.
2. The MMRB evaluated **(Soldier's Rank and Last Name)** Primary **MOS or AOC (enter MOS/AOC)**, for **(Illness or Injury)**. All available records, reports and other pertinent information were reviewed.
3. The MMRB carefully considered the evidence provided, along with the Commander's evaluation and made the following recommendations to the Adjutant General:
 - a. **(Soldier's Rank and Last Name)** **(can or cannot)** meet the physical demand of **(PMOS or AOC)** based on **(his or her)** current physical profile.
 - b. **(Soldier's Rank and Last Name)** should be **(retained in PMOS/AOC or RECLASS to MOS/AOC or refer to PDES)**.
4. The Adjutant General approved the recommendation of the MMRB. **(Soldier's Rank and Last Name)** is hereby **(retained in PMOS/AOC or RECLASS to MOS/AOC or refer to PDES)** for the condition stated in paragraph 2. A copy of this memorandum will be included in the Soldier's Official Military Personnel File and Health Record.
5. POC for this memorandum is _____.

{signature}

NAME
COL, AG, __ARNG
Director, Military Personnel

MMRB EXAMPLE MEMORANDUM

Office Symbol

Date

MEMORANDUM FOR (Soldier Rank and Name) (SSN Last Four), Address, City, State
Zip Code

SUBJECT: (State) Army National Guard Military Occupational Specialty (MOS)
Administrative Retention Review (MAR2) Proceedings

1. A MAR2 packet was evaluated based on your ability to perform the physical requirements of your Military Occupational Specialty (MOS) on **(dd/month/yr)**. Based on a thorough review of your permanent profile and all other pertinent documents and recommendations, I have determined that you are **(retained in your current MOS, or Reclassify into another MOS, or refer to the PDES)**. Your permanent medical condition **(does not or does)** preclude satisfactory performance of your MOS in a worldwide field environment in accordance with Army Regulation 600-60.
2. **Retain or RECLASS:** This decision will not change unless appropriate medical authorities determine your medical condition has deteriorated or upon direction of the Department of the Army. **Physical Disability Evaluation System (PDES):** Your medical record will be referred to the Medical Evaluation Board (MEB) for further processing. This action is taken pursuant to the delegation of authority by the Director, Army National Guard as of 1 January 2011.
3. A copy of this correspondence will be filed in your Official Military Personnel Record.
4. POC for this memorandum is _____.

{signature}

NAME
COL, AG, __ARNG
Director, Military Personnel

MAR2 EXAMPLE MEMORANDUM

TAB 6

**DA Form 2173 (Statement of Medical Examination &
Duty Status)**

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)
--------------------------	------------------------	--------------------------

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)	2. SSN	3. GRADE
4. ORGANIZATION AND STATION	5. ACCIDENT INFORMATION	
	a. DATE	b. PLACE (City and State)

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY
8. HOUR AND DATE ADMITTED	9. HOUR AND DATE EXAMINED
10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain)	
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:	

12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD
---	---	------------------------------------

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)

16. DATE	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR	18. SIGNATURE
----------	---	---------------

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE a. FROM b. TO
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30) type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input type="checkbox"/> NO	

22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING	23. HOUR AND DATE TRAINING a. BEGAN b. ENDED
--	--

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING			
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
 PRESENT FOR DUTY ABSENT WITH AUTHORITY ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

33. DATE	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER	35. SIGNATURE
----------	--	---------------

TAB 7

VA Rating



DEPARTMENT OF VETERANS AFFAIRS
REGIONAL OFFICE
1 STE. 232
00918-1703

VA File Number

Rating Decision
March 18, 2009

INTRODUCTION

DECISION

TAB 8

MEB/PEB Decision

Previous MEB/PEB Decisions

TAB 9

DA Form 2166-8 (NCO Evaluation Report) (Last Three)

Or

DA Form 67-9 (Officer Evaluation Report) (Last Three)

NCO EVALUATION REPORT

For use of this form, see AR 623-3 : the proponent agency is DCS, G-1.

FOR OFFICIAL USE ONLY (FOUO)
SEE PRIVACY ACT STATEMENT
IN AR 623-3.

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)		b. SSN	c. RANK ()	d. DATE OF RANK	e. PMOSC
f.1. UNIT	ORG.	STATION	ZIP CODE OR APO,	MAJOR COMMAND	f.2. STATUS CODE AGR
g. REASON FOR SUBMISSION		h. PERIOD COVERED		i. RATED MONTHS	j. NON-RATED CODES
		FROM		k. NO. OF ENCL	
		THRU		l. RATED NCO'S EMAIL ADDRESS (.gov or .mil)	
YEAR MONTH DAY		YEAR MONTH DAY		m. UIC	n. CMD CODE
				o. PSB CODE	

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)		SSN	SIGNATURE	DATE (YYYYMMDD)
RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	RATER'S AKO EMAIL ADDRESS (.gov. or .mil)
b. NAME OF SENIOR RATER (Last, First, Middle Initial)		SSN	SIGNATURE	DATE (YYYYMMDD)
RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	SENIOR RATER'S AKO EMAIL ADDRESS (.gov. or .mil)
c. NAME OF REVIEWER (Last, First, Middle Initial)		SSN	SIGNATURE	DATE (YYYYMMDD)
RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT	REVIEWER'S AKO EMAIL ADDRESS (.gov. or .mil)
d. <input type="checkbox"/> CONCUR WITH RATER AND SENIOR RATER EVALUATIONS <input type="checkbox"/> NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL (See attached comments)				
e. RATED NCO: I understand my signature does not constitute agreement or disagreement with the evaluations of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials in Part II, the duty description to include the counseling dates in Part III, and the APFT and height/weight entries in Part IVc are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.			SIGNATURE	DATE (YYYYMMDD)

PART III - DUTY DESCRIPTION (Rater)

a. PRINCIPAL DUTY TITLE	b. DUTY MOSC			
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities and dollars)				
d. AREAS OF SPECIAL EMPHASIS				
e. APPOINTED DUTIES				
f. COUNSELING DATES	INITIAL	LATER	LATER	LATER

PART IV - ARMY VALUES/ATTRIBUTES/SKILLS/ACTIONS (Rater)

a. ARMY VALUES. Check either "YES" or "NO". (Bullet Comments are mandatory. Substantive bullet comments are required for "NO" entries.)		YES	NO
<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">V A L U E S</div> <p style="text-align: center; font-size: 0.8em;">Loyalty Duty Respect Selfless-Service</p> <p style="text-align: center; font-size: 0.8em;">Honor Integrity Personal Courage</p>	1. LOYALTY: Bears true faith and allegiance to the U. S. Constitution, the Army, the unit, and other Soldiers.		
	2. DUTY: Fulfills their obligations.		
	3. RESPECT/EO/EEO: Treats people as they should be treated.		
	4. SELFLESS-SERVICE: Puts the welfare of the nation, the Army, and subordinates before their own.		
	5. HONOR: Lives up to all the Army values.		
	6. INTEGRITY: Does what is right - legally and morally.		
	7. PERSONAL COURAGE: Faces fear, danger, or adversity (physical and moral).		
Bullet comments			

PART IV (Rater) - VALUES/NCO RESPONSIBILITIES Bullet comments are mandatory.
Substantive bullet comments are required for "EXCELLENCE" or "NEEDS IMPROVEMENT."

<p>b. COMPETENCE</p> <ul style="list-style-type: none"> o Duty proficiency; MOS competency o Technical & tactical; knowledge, skills, and abilities o Sound judgment o Seeking self-improvement; always learning o Accomplishing tasks to the fullest capacity; committed to excellence <p>EXCELLENCE SUCCESS NEEDS IMPROVEMENT <i>(Exceeds std)</i> <i>(Meets std)</i> <i>(Some)</i> <i>(Much)</i></p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	
<p>c. PHYSICAL FITNESS & MILITARY BEARING</p> <ul style="list-style-type: none"> o Mental and physical toughness o Endurance and stamina to go the distance o Displaying confidence and enthusiasm; looks like a Soldier <p>EXCELLENCE SUCCESS NEEDS IMPROVEMENT <i>(Exceeds std)</i> <i>(Meets std)</i> <i>(Some)</i> <i>(Much)</i></p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>APFT _____ HEIGHT/WEIGHT / _____</p>
<p>d. LEADERSHIP</p> <ul style="list-style-type: none"> o Mission first o Genuine concern for Soldiers o Instilling the spirit to achieve and win o Setting the example; Be, Know, Do <p>EXCELLENCE SUCCESS NEEDS IMPROVEMENT <i>(Exceeds std)</i> <i>(Meets std)</i> <i>(Some)</i> <i>(Much)</i></p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	
<p>e. TRAINING</p> <ul style="list-style-type: none"> o Individual and team o Mission focused; performance oriented o Teaching Soldiers how; common tasks, duty-related skills o Sharing knowledge and experience to fight, survive and win <p>EXCELLENCE SUCCESS NEEDS IMPROVEMENT <i>(Exceeds std)</i> <i>(Meets std)</i> <i>(Some)</i> <i>(Much)</i></p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	
<p>f. RESPONSIBILITY & ACCOUNTABILITY</p> <ul style="list-style-type: none"> o Care and maintenance of equipment/facilities o Soldier and equipment safety o Conservation of supplies and funds o Encouraging Soldiers to learn and grow o Responsible for good, bad, right & wrong <p>EXCELLENCE SUCCESS NEEDS IMPROVEMENT <i>(Exceeds std)</i> <i>(Meets std)</i> <i>(Some)</i> <i>(Much)</i></p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	

PART V - OVERALL PERFORMANCE AND POTENTIAL

<p>a. RATER . Overall potential for promotion and/or service in positions of greater responsibility.</p> <p style="text-align: center;"> AMONG THE BEST FULLY CAPABLE MARGINAL </p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>e. SENIOR RATER BULLET COMMENTS</p>
<p>b. RATER. List 3 positions in which the rated NCO could best serve the Army at his/her current or next higher grade.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>c. SENIOR RATER. Overall performance</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;"> 1 2 3 4 5 Successful Fair Poor </p>	<p>d. SENIOR RATER. Overall potential for promotion and/or service in positions of greater responsibility.</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;"> 1 2 3 4 5 Superior Fair Poor </p>

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)		b. SSN	c. RANK	d. DATE OF RANK (YYYYMMDD)	e. BRANCH	f. DESIGNATED SPECIALTIES / PMOS (WO)
g.1. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND				g.2. STATUS CODE AGR	h. REASON FOR SUBMISSION	
i. PERIOD COVERED		j. RATED MONTHS	k. NONRATED CODES	l. NO. OF ENCL	m. RATED OFFICER'S APO EMAIL ADDRESS (.gov or mil)	n. UIC
FROM (YYYYMMDD)	THRU (YYYYMMDD)			0		
					o. CMD CODE	p. PSB CODE

PART II - AUTHENTICATION (Rated officer's signature verifies officer has seen completed OER Parts I-VII and the admin data is correct)

a. NAME OF RATER (Last, First, MI)	SSN	RANK	POSITION	SIGNATURE	DATE (YYYYMMDD)
b. NAME OF INTERMEDIATE RATER (Last, First, MI)	SSN	RANK	POSITION	SIGNATURE	DATE (YYYYMMDD)
c. NAME OF SENIOR RATER (Last, First, MI)	SSN	RANK	POSITION	SIGNATURE	DATE (YYYYMMDD)
SENIOR RATER'S ORGANIZATION		BRANCH	SENIOR RATER TELEPHONE NUMBER	E-MAIL ADDRESS (.gov or .mil)	
d. This is a referred report, do you wish to make comments? <input type="checkbox"/> Yes, comments are attached <input type="checkbox"/> No				e. SIGNATURE OF RATED OFFICER	DATE (YYYYMMDD)

PART III - DUTY DESCRIPTION

a. PRINCIPAL DUTY TITLE	b. POSITION AOC/BR
c. SIGNIFICANT DUTIES AND RESPONSIBILITIES. REFER TO PART IVa, DA FORM 67-9-1.	

PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM (Rater)

CHARACTER Disposition of the leader: combination of values, attributes, and skills affecting leader actions

a. ARMY VALUES (Comments mandatory for all "NO" entries. Use PART Vb.)	Yes	No		Yes	No
1. HONOR: Adherence to the Army's publicly declared code of values	<input type="checkbox"/>	<input type="checkbox"/>	5. RESPECT: Promotes dignity, consideration, fairness, & EO	<input type="checkbox"/>	<input type="checkbox"/>
2. INTEGRITY: Possesses high personal moral standards; honest in word and deed	<input type="checkbox"/>	<input type="checkbox"/>	6. SELFLESS-SERVICE: Places Army priorities before self	<input type="checkbox"/>	<input type="checkbox"/>
3. COURAGE: Manifests physical and moral bravery	<input type="checkbox"/>	<input type="checkbox"/>	7. DUTY: Fulfills professional, legal, and moral obligations	<input type="checkbox"/>	<input type="checkbox"/>
4. LOYALTY: Bears true faith and allegiance to the U.S. Constitution, the Army, the unit, and the soldier	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

b. LEADER ATTRIBUTES / SKILLS / ACTIONS: First, mark "YES" or "NO" for each block. Second, choose a total of six that best describe the rated officer. Select one from ATTRIBUTES, two from SKILLS (Competence), and three from ACTIONS (LEADERSHIP). Place an "X" in the appropriate numbered box with optional comments in PART Vb. Comments are mandatory in Part Vb for all "No" entries.

b.1. ATTRIBUTES (Select 1) Fundamental qualities and characteristics	<input type="checkbox"/> 1. MENTAL YES NO Possesses desire, will, initiative, and discipline	<input type="checkbox"/> 2. PHYSICAL YES NO Maintains appropriate level of physical fitness and military bearing	<input type="checkbox"/> 3. EMOTIONAL YES NO Displays self-control; calm under pressure
b.2. SKILLS (Competence) (Select 2) Skill development is part of self-development; prerequisite to action	<input type="checkbox"/> 1. CONCEPTUAL YES NO Demonstrates sound judgment, critical/creative thinking, moral reasoning	<input type="checkbox"/> 2. INTERPERSONAL YES NO Shows skill with people: coaching, teaching, counseling, motivating and empowering	<input type="checkbox"/> 3. TECHNICAL YES NO Possesses the necessary expertise to accomplish all tasks and functions
b.3. ACTIONS (LEADERSHIP) (Select 3) Major activities leaders perform: influencing, operating, and improving	<input type="checkbox"/> 4. TACTICAL Demonstrates proficiency in required professional knowledge, judgment, and warfighting YES NO		
INFLUENCING Method of reaching goals while operating / improving	<input type="checkbox"/> 1. COMMUNICATING YES NO Displays good oral, written, and listening skills for individuals / groups	<input type="checkbox"/> 2. DECISION-MAKING YES NO Employs sound judgment, logical reasoning and uses resources wisely	<input type="checkbox"/> 3. MOTIVATING YES NO Inspires, motivates, and guides others toward mission accomplishment
OPERATING Short-term mission accomplishment	<input type="checkbox"/> 4. PLANNING YES NO Develops detailed, executable plans that are feasible, acceptable, and suitable	<input type="checkbox"/> 5. EXECUTING YES NO Shows tactical proficiency, meets mission standards, and takes care of people/resources	<input type="checkbox"/> 6. ASSESSING YES NO Uses after-action and evaluation tools to facilitate consistent improvement
IMPROVING Long-term improvement in the Army its people and organizations	<input type="checkbox"/> 7. DEVELOPING YES NO Invests adequate time and effort to develop individual subordinates as leaders	<input type="checkbox"/> 8. BUILDING YES NO Spends time and resources improving teams, groups and units; fosters ethical climate	<input type="checkbox"/> 9. LEARNING YES NO Seeks self-improvement and organizational growth; envisioning, adapting and leading change

c. APFT: DATE: HEIGHT: WEIGHT:

d. OFFICER DEVELOPMENT - MANDATORY YES OR NO ENTRY FOR RATERS OF CPTs, LTs, CW2s, AND WO1s.
 WERE DEVELOPMENTAL TASKS RECORDED ON DA FORM 67-9-1a AND QUARTERLY FOLLOW-UP COUNSELINGS CONDUCTED? YES NO NA

PART V - PERFORMANCE AND POTENTIAL EVALUATION (Rater)

a. EVALUATE THE RATED OFFICER'S PERFORMANCE DURING THE RATING PERIOD AND HIS/HER POTENTIAL FOR PROMOTION

- OUTSTANDING PERFORMANCE, MUST PROMOTE**
 SATISFACTORY PERFORMANCE, PROMOTE
 UNSATISFACTORY PERFORMANCE, DO NOT PROMOTE
 OTHER (Explain)

b. COMMENT ON SPECIFIC ASPECTS OF THE PERFORMANCE, REFER TO PART III, DA FORM 67-9 AND PART IVa, b, AND PART Vb, DA FORM 67-9-1.

c. COMMENT ON POTENTIAL FOR PROMOTION.

d. IDENTIFY ANY UNIQUE PROFESSIONAL SKILLS OR AREAS OF EXPERTISE OF VALUE TO THE ARMY THAT THIS OFFICER POSSESSES. FOR ARMY COMPETITIVE CATEGORY CPT ALSO INDICATE A POTENTIAL CAREER FIELD FOR FUTURE SERVICE.

PART VI - INTERMEDIATE RATER

PART VII - SENIOR RATER

a. EVALUATE THE RATED OFFICER'S PROMOTION POTENTIAL TO THE NEXT HIGHER GRADE

- BEST QUALIFIED**
 FULLY QUALIFIED
 DO NOT PROMOTE
 OTHER (Explain below)

I currently senior rate _____ officer(s) in this grade
 A completed DA Form 67-9-1 was received with this report and considered in my evaluation and review
 YES
 NO (Explain in c)

b. POTENTIAL COMPARED WITH OFFICERS SENIOR RATED IN SAME GRADE (OVERPRINTED BY DA)

- ABOVE CENTER OF MASS**
 (Less than 50% in top box; Center of Mass if 50% or more in top box)
- CENTER OF MASS**
- BELOW CENTER OF MASS**
RETAIN
- BELOW CENTER OF MASS**
DO NOT RETAIN

c. COMMENT ON PERFORMANCE/POTENTIAL

d. LIST THREE FUTURE ASSIGNMENTS FOR WHICH THIS OFFICER IS BEST SUITED. FOR ARMY COMPETITIVE CATEGORY CPT, ALSO INDICATE A POTENTIAL CAREER FIELD FOR FUTURE SERVICE.

TAB 10

**Personnel Qualification Record (PQR) / Officer Record
Brief (ORB) / Enlisted Record Brief (ERB)**

Must reflect current PULHES

PERSONNEL QUALIFICATION RECORD - ENLISTED
PCN GPVS-1790

Unit Name: _____ UPC: _____ PREPARED: _____

SECTION A - PERSONAL DATA

1. MPC:
2. SSN:
3. NAME:
4. SEX:

SECTION B - GRADE DATA

- | | |
|------------------|---------------------|
| 1. PAY GRADE: | 4. DOR-RES: |
| 2. GR ABBR CODE: | 5. GR CH WVR: |
| 3. EFF DATE GR: | 6. GR HOW ACQ-CODE: |

SECTION C - ORGANIZATION DATA

- | | |
|----------------------------|------------------------------|
| 1. PREV UPC: | 11. TYPE ATCH: |
| 2. CURR UPC: | 12. UPC ATCH: |
| 3. DY POSN: | 13. EFF DATE OF ATCH: |
| 4. POSN NBR EX IND: | 14. EXP DATE OF ATCH: |
| 5. DY POSN QUAL CODE: | 15. CURR PROC: |
| 6. ASG LOSS RSN CODE/DATE: | 16. DATE CURR PROC: |
| 7. CURR ORGN IDENT CODE: | 17. INIT PROC: |
| 8. AUTH LINE DSG: | 18. DATE INIT PROC: |
| 9. AUTH PARA DSG: | 19. EXP RDY RES OBLIG DATE: |
| 10. ATCH CODE: | 20. EXP STAT MIL OBLIG DATE: |

SECTION D - PAY DATA

- | | |
|-----------------------|------------------------------|
| 1. PEBD: | 8. IPAY NBR TWO/DATE: |
| 2. ADD WH TAX: | 9. TNG PAY RET CAT: |
| 3. ST TAX CODE: | 10. BENEF STAT WVR/CODE: |
| 4. NB EXFM: | 11. DAYS WVD: |
| 5. SGLI ELEC CODE: | 12. ATCH PR NBR: |
| 6. CURR ACRO RATING: | 13. CURR INC TERM STAT/DATE: |
| 7. IPAY NBR ONE/DATE: | 14. SP PAY: |

SECTION E - TRAINING/EDUCATION DATA

- | | |
|----------------------|----------------------|
| 1. TNG STAT/DATE: | 4. ROTC IDENT: |
| 2. CIV EDUC LEVEL: | 5. FIRST LANG IDENT: |
| 3. MAJ SURJ COL EDU: | |

SECTION F - INDIVIDUAL DATA

- | | |
|------------------------|-------------------------|
| 1. DOB: | 11. BREAK MIL. STATUS |
| 2. RACE POP GRP: | 12. DATE INIT ENT RC: |
| 3. ETH GRP: | 13. CIV EMPL: |
| 4. STREET ADDRESS: | |
| 5. ADDR CITY: | 14. CIV OCCUPATION: |
| 6. STATE/ZIP: | 15. RET WAIVER: |
| 7. MARITAL STATUS: | 16. DATE END EVAL PD: |
| 8. DEPN NBR: | 17. PRIV ACT DSP REC: |
| 9. NBR MO ACT FED SVC: | 18. LOCAL DATA PERS: |
| 10. REL DENOMINATION: | 19. QUAL SEL RET IDENT: |

FOR OFFICIAL USE ONLY - PRIVACY ACT DATA

PERSO EL QUALIFICATION RECORD - ENL TED
PCN GPVS-1790

Unit Name:

UPC:

PREPARED:

NAME:

SSN:

SECTION G - ENLISTED UNIQUE DATA

1. ETS DATE:
2. SRC ORIG ENLISTMT INDCN:
3. ENLSTMT OPT PD:
4. TERM ENL RES:
5. CUM MOS EXT:
6. MOS CURR EXT:
7. PRO PAY STAT/DATE:
8. AFQT PCTL:
9. AFQT SCORE GROUP:
10. NCO EDUCATION:
11. NCO EDUCATION ENROLLED:
12. ENLSTMT WVR COND 1:

13. PMOSD ENLD:
14. ASI PMOSD ENLD:
15. PMOSD ENLD BAS ACQ:
16. SMOSD ENLD:
17. ASI SMOSD ENLD:
18. AMOSD ENLD:
19. ASI AMOSD ENLD:
20. BONUS ENT:
21. BONUS AUTH:
22. DATE BONUS:
23. BONUS MOS:
24. NBR BONUS:

SECTION H - FULL TIME DATA

1. ACT STAT PROG:
2. TECH SVC CODE:
3. CIV GRADE:

SECTION I - SECURITY DATA

1. SCTY INVES STAT:
2. SCTY CLNC/DATE:
3. CTZSP STAT US ORGN:

SECTION J - PHYSICAL DATA

1. YR MO LAST PHYS EX:
2. PHY PRFL SER:
3. WT IND:
4. HT IND:
5. PHY CAT:

SECTION K - RETIREMENT DATA

1. RYE DATE:
2. CUM RET PT:
3. SUR BEN OPT:
4. SUR BEN ELEC COV:
5. SUR BEN ELEC STAT:
6. DATE SBP ELEC STAT:
7. TOT YR SAT SVC RET:
8. TWENTY YR CER STAT:

SECTION L - ARMY PHYSICAL FITNESS DATA

1. APFT RESULT:
2. APFT SCORE:
3. YR/MO TEST:
4. RSNINELIG APFT:
5. PREV APFT RESULT:
6. PREV APFT SCORE:
7. PREV YR/MO TEST:

SECTION M - BAQ DATA

1. BAQ DEP TYPE:
2. DOB PRIM DEP:
3. BAQ EFF DATE:
4. BAQ STATUS:

FOR OFFICIAL USE ONLY - PRIVACY ACT DATA

OFFICER RECORD BRIEF (DA Pam 600-8)

COON NO	BRIEF DATE	BASIC/CON BR	BR DTL EXPIRES	COMPONENT USAR	SSN	NAME
---------	------------	--------------	----------------	----------------	-----	------

SECTION I - ASSIGNMENT INFORMATION				SECTION II - SECURITY DATA			SECTION III - SERVICE DATA			SECTION IV - PERSONAL/FAMILY DATA													
YR MO RTN	COUNTRY	MONTHS	TCS	NUMBER OF OS TOURS	SHORT	LONG	DEROS	CONUS DEPARTURE DATE	SCY CLEARANCE	COMPL DATE OF SCY INVS	TYPE/COMD OF SCY INVS	SECTION V - FOREIGN LANGUAGE	LANGUAGE	READ	LISTEN	PEBD	GURRNT PBN	EAD CURRNT TOUR	DATE OF BIRTH	BIRTHPLACE	COUNTRY OF CIT	SEIRAGE	
DATE DEPENDENT'S ARRIVED OS				SPECIALTY/MOS DATA			DUTY			SECTION VI - MILITARY EDUCATION			SECTION VII - CIVILIAN EDUCATION			SECTION VIII - AWARDS AND DECORATIONS			SECTION IX - REMARKS				

ASJ DATA	PREV DESIGNATED SPEC 1	PREV DESIGNATED SPEC 2	CONTROL SPECIALTY	PROJECTED SPECIALTY	FAO GEOG AREA	AVIATOR/GUNNERY QUALIFICATIONS	ASSED	TOFDC AS OF	PILOT STATUS	AIRCRAFT	QUAL	AIRCRAFT	QUAL	AIRCRAFT	QUAL	AIRCRAFT	QUAL	INST CERT	S/T COURSES	RATING DATE	DATE OF AVAILABILITY	DATE OF LAST PCS	DATE OF LAST OER	ORG ZIP CODE

ASGT PROJ	FROM DATE	MO	UNIT NO	ORGANIZATION	STATION	LOC	COMD	DUTY TITLE	DMOS

CURRENT	1ST PREV	2ND PREV	3RD PREV	4TH PREV	5TH PREV	6TH PREV	7TH PREV	8TH PREV	9TH PREV	10TH PREV	11TH PREV	12TH PREV	13TH PREV	14TH PREV	15TH PREV	16TH PREV	17TH PREV	18TH PREV	19TH PREV	

TAB 11

Leave and Earning Statement (LES)

DJMS-RC LES HISTORY DISPLAY

NAME: SSAN: GRADE:
 YEARS SVC: BRANCH: ADSN/DSSN: CHECK-DATE:
 PAS-CODE: A1P10T00
 TAXES: WAGE-PERIOD WAGE-YTD TAX-YTD ADD'L M/S EX
 FITW
 SOC SEC
 MEDICARE
 SITW
 LEAVE: BF-BAL ERND USED CUR-BAL LOST PAID USE/LOSE

PAY-DATA: BAQ-TYPE: VHA-ZIP:
 BAQ-DEPN: JFTR:
 BAS-TYPE: TPC:
 TSP: BASE PAY SPECIAL PAY INCENTIVE PAY BONUS

RATE
 CURRENT

TSP DEDUCTIONS YTD: DEFERRED: EXEMPT:

PF3 = EXIT DJMS RC/CICS SYSTEM PF7 = SCROLL-BACKWARD
 PF4 = RTN TO DJMS-RC MENU SCREEN PF8 = SCROLL-FORWARD
 PF5 = RTN TO DJMS RC REQ/SEL SCREEN PF9 = PRINT LES-REC/END DISPLAY

DJMS RC LES HISTORY DISPLAY

ADDRESS:

SSAN:
PAY-DATE:
CHECK-DATE:
PAS-CODE:

LES HISTORY REMARKS:

YOUR CHECK WAS SENT TO

ACCOUNT NUMBER: ACCOUNT TYPE:
COMPANY CODE: DIRECT DEPOSIT DATE:
* AS OF HIGH TEMPO DEPLOYMENT DAYS ACCRUED
SINCE (OR SINCE ENTERING MILITARY SERVICE)
TOTAL PERFORMANCE FY 11: UTA AFIP ET ATA
JPT AAUTA AANT RMA SUP IDT TNG
MCOFT RMAM AT/ADT FHDA
INACTIVE DUTY TRAINING
CHILD SPRT CUR AMT
YOUR CURRENT STATE CLAIMED IS:

TOTAL-RECS =

- PF3 = EXIT DJMS-RC/CICS SYSTEM
- PF4 = RTN TO DJMS-RC MENU SCREEN
- PF5 = RTN TO DJMS-RC REQ/SEL SCREEN
- PF7 = SCROLL-BACKWARD
- PF8 = SCROLL-FORWARD
- PF9 = PRINT LES-REC/END DISPLAY

DJMS-RC LES HISTORY DISPLAY

ADDRESS:

SSAN:
PAY-DATE:
CHECK-DATE:
PAS-CODE:

LES-HISTORY REMARKS:

SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE:
YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI)
SPOUSE SGLI COVERAGE:

-DEADLINE FOR RETRO STOP-LOSS CLAIMS EXTENDED TO
. FOR CLAIM INFO GO TO [HTTP://WWW.DEFENSE.
GOV/STOPLOSS](http://www.defense.gov/stoploss) TAX TIME IS COMING. VERIFY YOUR TAX INFO
& RECEIVE YOUR STATEMENTS VIA MYPAY. -NOMINATE YOUR

TOTAL-RECS =

PF3 = EXIT DJMS RC/CICS SYSTEM	PF7 = SCROLL-BACKWARD
PF4 = RTN TO DJMS-RC MENU SCREEN	PF8 = SCROLL FORWARD
PF5 = RTN TO DJMS RC REQ/SEL SCREEN	PF9 = PRINT LES-REC/END DISPLAY

DJMS-RC LES HISTORY DISPLAY

ADDRESS:

SSAN:
PAY-DATE:
CHECK DATE:
PAS CODE:

LES-HISTORY REMARKS:

PF3 = EXIT DJMS-RC/CICS SYSTEM
PF4 = RTN TO DJMS-RC MENU SCREEN
PF5 = RTN TO DJMS-RC REQ/SEL SCREEN

TOTAL-RECS = 26
PF7 = SCROLL-BACKWARD
PF8 = SCROLL-FORWARD
PF9 = PRINT LES-REC/END DISPLAY

TAB 12

**Orders (Mobilization, Training, Amendments,
Attachments, Transfer, etc...)**

STATE MILITARY DEPARTMENT
JOINT FORCE HEADQUARTERS NATIONAL GUARD

ORDERS

April

Following order is amended as indicated.

So much of: Orders this Hq dtd April

Pertaining to:

MOB for
(P10TG-213) P O BOX

As reads: CIC #: 2020B1AZUM12161
210 2020B1B1TC13519721T1/21T2 WEB7072TG9BL73 VFRE F4822 AZUM2E 12161
Now changed: IATR: FY 10 CIC #: 2020B1AZVH12161
IATR: 210 2020B1B1TC13519721T1/21T2 WEB7072TG9BL73 VFRE F4209 AZVH2E 12161
IATA: FY 10 CONTROL #: 4365919-NGAL-75
SDN: WEB7072T106351
Auth: 10 USC 12302 PARTIAL MOBILIZATION AUTHORITY
APC DJMS_RC: A1EMOB PM/TDC: MOB MOB
Format: 700

FOR THE ADJUTANT GENERAL:

HQ,
OFFICIAL

DISTRIBUTION:

B

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT

ORDERS :

June

You are deployed as a Temporary Change of Station (TCS) as shown below and are to return to your permanent station upon completion of the duties in support of this operation. You will submit a reviewed travel voucher for this travel to the finance office within 5 working days after return to home station.

Assigned to: HQ, U.S. Army Central Command Bagram (WATGD2)
Bagram, Afghanistan APO AE 09354

Purpose: Deployment in support of Operation Enduring Freedom
Number of days: Not to exceed the REFRAD date of each Soldier as reflected on the HRC-A mobilization or CO-ADOS order (including amendments).

Will proceed date: O/A 20 June 2009

Security clearance: NONE, Dtd 13 May 2009 (verified by Mr. Glenn Betha, Security Manager, Phone: 608-388-3139).

Accounting Classification:

21 9 2020.0000 B1 B1TC 135197 21T1/21T2 WEB7072T168232 VFRE F4209
AZM82E 12161

21 0 2020.0000 B1 B1TC 135197 21T1/21T2 WEB7072T168232 VFRE F4209
AZM82E 12161

(Operation Enduring Freedom) (FY 00 Availability is contingent on Congress enacting appropriations or authorizing operations under a continuing resolution.)

Customer Identification Code (CIC): 2920B1AZM812161/2020B1AZM812161

Movement designator code: PME9/PME0

Additional instructions:

a) Issued Control #: 9171-MCC-20JUN09

b) Rental Car not authorized.

~~c) Mode of travel TBD by Installation Transportation Officer (ITO).~~

d) Personnel are attached upon arrival for administration, logistics, quarters, training and Uniform Code of Military Justice (UCMJ).

e) Soldier entitlements and location requirements may be further amended for mission accomplishment.

f) SRP will be completed IAW Fort McCoy Mobilization Plan and AR 600-8-101.

g) Basic Allowance for Housing (BAH) for regular active duty Soldiers is based upon their permanent duty station (PDS). RC Soldiers and retired Soldiers called or ordered to active duty BAH is based on

their principal place of residence when called or ordered to the tour of active duty. Mobilized AGR Soldiers will have the G-1 of either the state or the RRSC validate their AGR status and BAH will be based on their PDS.

h) Soldier may submit interim travel vouchers if otherwise entitled to per diem and/or travel for the monthly payment of accrual travel payment. Care should be taken to keep all required documents to support payments/request for payments. All documents will be required upon final settlement voucher. If unable to take leave during this period a payment of unused leave is authorized with no impact to career leave sell back of 60 days. Variation in itinerary is authorized for this travel as necessary to accomplish this mission.

i) Government Quarters and mess are available. Soldiers are entitled to BAS and per diem of \$3.50 per day. Soldiers will be authorized Hardship Duty Pay. Family Separation Pay Type II is authorized to Soldiers with dependents on TDY/TCS away from their permanent duty station for more than 30 consecutive days.

j) Soldier will be authorized Hostile Fire/Imminent Danger Pay (IDP) at current rate per month.

k) Combat Zone Tax Exclusion (CZTE) is in effect.

l) Emergency leave is authorized. Contact onsite personnel office.

m) For flights into and out of theater, Soldiers are authorized the shipment of 4 bags -three issued bags of OCIE (not to exceed 70lbs/bag) and 1 standard carry-on bag on AMC/contracted flights. When AMC or contracted transportation is not available, reimbursement for excess baggage up to 4 bags weighing more than 50lbs to a max of 70lbs per bag is authorized.

n) Force Protection Level I Training is required prior to deploying OCONUS. Contact Security Division (Mr. Betha); telephone 608-388-3139 to schedule training.

Format: 401

FOR THE COMMANDER:

DISTRIBUTION:

STATE MILITARY DEPARTMENT
JOINT FORCE HEADQUARTERS NATIONAL GUARD

ORDERS

April

You are ordered to active duty as a member of your Reserve Component Unit for the period indicated unless sooner released or unless extended. Proceed from your current location in sufficient time to report by the date specified. You enter active duty upon reporting to unit home station.

REPORT TO HOME STATION: 10 May 2009 , HAMILTON, AL

REPORT TO MOB STATION: 13 May 2009 , Ft McCoy, WI

Period of active duty: Not to exceed 400 days

Purpose: OPERATION ENDURING FREEDOM

Mobilization Category Code: G

Additional instructions:

- (a) Pursuant to Presidential Executive Order of 14 Sep 01, you are relieved from your present reserve component status and are ordered to report for a period of active duty NTE 25 days for mobilization processing. Proceed from your present location in sufficient time to report by the date specified.
- (b) If upon reporting for active duty you fail to meet deployment medical standards (whether because of a temporary or permanent medical condition), then you may be released from active duty, returned to your prior reserve status, and returned to your home address, subject to a subsequent order to active duty upon resolution of the disqualifying medical condition.
- (c) Sure pay is mandatory. Soldier must bring appropriate documentation to support the requirement to auth sure pay. Soldier must bring copies of rental or mortgage agreement, marriage certificate, dependent child birth certificate(s) or documentation of dependency or child support, family care plan, will, powers of attorney, and any other documentation affecting the soldier's pay or status.
- (d) Soldier will bring complete military clothing bag and appropriate personal items. Personnel requiring eye correction will bring two pairs of eyeglasses and eye inserts for a protective mask. Soldier will hand carry (if available) complete MPRJ health and dental, training, and clothing records, if moving as an individual.
- (e) Call 1-800-336-4590 (National Committee For Employer Support Of The Guard And Reserve) or check on-line at www.ESGR.org. If you have questions regarding your employment/re-employment rights.
- (f) Dependents (family members) of national guard soldiers ordered to active duty for more than 30 days are eligible for the same benefits (e.g. medical care, tricare, commissary/exchange benefits, legal assistance, use of morale, welfare and recreation facilities, etc;) as dependents of regular army soldiers (but excluding dental, which requires orders to active duty for over 180 days).
- (g) It is the soldier's responsibility to ensure dependents are issued DD Form active duty dependent ID cards. To locate the nearest ID card facility near your home visit web site www.dmdc.osd/rs1 (RAPIDS site locator by state, city, zip code). Dependents are also eligible to use ARMY One Source a 24 hr resource service (in the US: 1-800-464-8107; en español, llame al 1-888-375-5971 or collect 1-484-530-5889) available at no cost.

ORDERS

: April :

Additional instructions (cont):

- (h) Army One Source is available to assist soldiers and family members to seek solutions in dealing with life's issues and questions during deployments contact by phone at (within the US at 1-800-464-8107 or outside the US at 1-484-530-5889).
- (i) Government quarters and dining facilities will be used at the replacement activity and during deployment. Essential Unit Mess has been declared by ASA (M&RA) for mobilization and demobilization sites NTE 10 days. Per diem payable is \$3 per day for CONUS and \$3.50 per day OCONUS for this period of duty.
- (j) Lodging Success Program: Toll free reservation services 24/7 phone number 1-866-363-5771; email - www.lodgingsuccess.com, <http://www.lodgingsuccess.com/>; or central reservations at 1-800-462-7691; email - centralreservations@redstone.army.mil. When issued an SNA to reside on the economy when contract lodging is not available, the Soldier is authorized 55% of the local per diem rate.
- (k) If, upon reporting for active duty, you are found to satisfy medical deployment standards, the you are further ordered to active duty for a period not to exceed 400 days, such period to include the period (not to exceed 25 days) required for mobilization processing.
- (l) CONTROL #: 9104-003-NGAL-75
- (m) CIC #: 2920B1AZUM2E12161/2020B1AZUM2E12161
- (n) Meals and lodging will be provided at no cost to the Soldier. Claims for reimbursement require a statement of non-availability control number.
- (o) For unresolved pay issues, contact the ARNG Pay Ombudsman at toll-free 1-877-ARNGPAY or by email at ARNG-MILPAY@ARNG-FSC.NGB.ARMY.MIL

FOR ARMY USE

Auth: 10 USC 12302 PARTIAL MOBILIZATION AUTHORITY

Acct clas:

Enl pay/alw: 218/9/0 2010.0000 01-1100 P2W2C00 11**/12** VFRE F3203 5570 S12120

Enl tvl/pd: 219/210 2020B1B17C13519721T1/21T2 WEB7072 TG98L 73 VFRE F4822 AZUM2E12161

Enl pay/alw: 219/9/0 2010.0000 01-1100 P2W2C00 11**/12** VFRE F3203 5570 S12120

Enl tvl/pd: 219/210 2020B1B17C13519721T1/21T2 WEB7072 TG98L 73 VFRE F4822 AZUM2E12161

Sex: M

MDC: PM

PMOS/AOS/ASI/LIC: 21E2, YY , YY

HOR: PO BOX 35

, GUIN

AL35563

DOR: 01-APR-85

PEBD: 01-OCT-76

Security Clearance: S

Comp: ARNGUS

Format: 165

FOR THE ADJUTANT GENERAL:

DISTRIBUTION:

DEPARTMENT OF THE ARMY
U.S. ARMY HUMAN RESOURCES COMMAND
1 RESERVE WAY
ST. LOUIS, MO 63132-5200

AHRC-PLM-S
ORDERS

MAR

THE FOLLOWING ORDER IS AMENDED AS INDICATED:

SO MUCH OF: FORMAT: 162 A-03-006596 DATED 03 MAR 2010 IS FURTHER AMENDED.
PERTAINING TO: ABOVE NAMED INDIVIDUAL

AS READS:

PAD: 60 DAYS END DATE: 05 MAY 2010

PURPOSE: TO PARTICIPATE IN RESERVE COMPONENT WARRIORS IN TRANSITION MEDICAL
RETENTION PROCESSING PROGRAM FOR COMPLETION OF MEDICAL EVALUATION

HOW CHANGED:

IATR: PAD: 62 DAYS END DATE: 07 MAY 2010

IATR: PURPOSE: TO PARTICIPATE IN RESERVE COMPONENT WARRIORS IN TRANSITION
MEDICAL RETENTION PROCESSING PROGRAM FOR COMPLETION OF MEDICAL CARE AND
TREATMENT.

FOR ARMY USE: AUTHORITY: 10 USC 12301(H), 10 USC 1074(A) AND 10 USC 12322
ACCT CLAS: 21 0/1/2 2010.0000 01-1100 P2A200 11**/12** VFRE F1201 5570
01ENVP S12120 TRAVEL/PER DEIM CHARGED TO: 0 21 202011D10 135197VIRQ A74YZ
300055.16.11 21T0 MOD10DM RP7413A MOD10DMRP7413A 021001

FORMAT: 700

* AHRC *
* OFFICIAL *

DISTRIBUTION: 1 SOLDIER
1 WT BN HQ 7950 MARTIN LOOP FT BENNING GA 31905
1 877 BN BN HEC PO BOX 1847SW HAMILTON AL 35570 9999
1 ALARNG ELEMENT, JF HQ 1750 CONG WM DICKINSON MONTGOMERY G1 AL 36109 2602
1 GANT, FRUIN AND SFC NOEL 8899 EAST 56TH ST PMTC INDIANAPOLIS IN 46249 0170

DEPARTMENT OF THE ARMY
U.S. ARMY HUMAN RESOURCES COMMAND
1 RESERVE WAY
ST. LOUIS, MO 63132-5200

AHRC-PLM-S,
ORDERS

MAR :

YOU ARE RETAINED ON ACTIVE DUTY UNDER PROVISION OF SECTION 12301 (H), TITLE 10 UNITED STATES CODE FOR THE PERIOD SHOWN PLUS THE TIME NECESSARY TO TRAVEL. YOU WILL PROCEED FROM YOUR HOME OR CURRENT LOCATION IN TIME TO REPORT FOR DUTY ON THE DATE SHOWN BELOW. UPON COMPLETION OF THIS DUTY, UNLESS SOONER RELEASED, YOU WILL RETURN TO YOUR HOME AND UPON ARRIVAL BE RELEASED FROM ACTIVE DUTY.

RPT TO: WT BN HQ W2L320 7950 MARTIN LOOP FT BENNING GA 31905
REPORT DATE/TIME: 07 MAR 2010
ASG TO: WT BN HQ W2L320 7950 MARTIN LOOP FT BENNING GA 31905
PERIOD OF ACTIVE DUTY: 60 DAYS
END DATE: 05 MAY 2010
PURPOSE: TO PARTICIPATE IN RESERVE COMPONENT WARRIORS IN TRANSITION MEDICAL RETENTION PROCESSING PROGRAM FOR COMPLETION OF MEDICAL EVALUATION

ADDITIONAL INSTRUCTIONS: SM IS RETAINED ON AD IN MRP STATUS TO COMPLETE MED CARE AND TREATMENT IN CURRENT RESERVE GRADE 10 USC 12322. MPRJ AND MEDICAL RECORDS WILL BE FWD TO DUTY SITE IAW AR 600-8-104. SM NOT COUNTED AS PART OF THE ACTIVE ARMY END STRENGTH. IF APPLICABLE ALL RET/PHYS DISABILITY PROCESSING MUST BE CONCLUDED BEFORE ORDERS EXPIRE. DFAS-IN TEAM WILL MANAGE AND MONITOR ALL WARRIORS IN TRANSITION ORDERS. SM WILL REPORT TO SERVICING FINANCE OFFICE AT DUTY LOCATION FOR IN-PROCESSING. PAY STATUS RPT IN DJMS-RC A24 TRANS MUST BE O (ALPHA). ACCRUED LEAVE TREATED IAW 37 USC 501. CDR SHOULD ALLOW SM THE OPPORTUNITY TO USE ACCRUED LEAVE WITHIN THE CURRENT MOB OR CO-ADOS PERIOD. NO BREAK IN SVC. SM CAN CARRY LEAVE OVER WITH NO PENALTY SUBJECT TO THE LIMIT IN 10 USC 701. IAW DOD INSTRUCTION 1332.38 SM WILL BE ENTERED INTO PDES PROCESS AT THE EARLIEST DETERMINATION OR SM UNABLE TO RETURN TO FULL MIL DUTY WITHIN ONE YEAR OF DIAGNOSIS OF MEDICAL CONDITION. REFRAD IS REQ UPON COMPLETION OF MED CARE AND PDES. SERV INSTL AG WILL PREPARE RELEASE ORDER AND DD214 UPON COMPLETION OF AD. THIS AD PERIOD IS EXEMPT FROM THE 5 YEAR CUMULATIVE SERV LIMIT ON REEMPLOYMENT RIGHTS UNDER TITLE 38 USC SEC 4312 (C) (4) (B). CONTACT ESGR REGARDING EMPLOYMENT/REEMPLOYMENT RIGHTS AT 1-800-336-4590 OR CHECK ONLINE AT WWW.ESGR.ORG. SM IS REQ TO COMPLETE DD FORM 2648-1 AT INSTALLATION ACAP CTR PRIOR TO RELEASE FROM AD. THE UNEXECUTED PORTION OF THE FOLLOWING ORDER SHOULD BE RESCINDED BY THE PUBLISHER. ORDER NUMBER USE OF GOVT CTRS AND MESS IS DIRECTED; OTHERWISE A STATEMENT OF NON-AVAILABILITY IS REQ. SHIP HHG AND TVL OF DEP NOT AUTH. SM WILL SIGN IN TO THE WTU NLT 20100307 1430HRS

FOR ARMY USE: AUTHORITY: 10 USC 12301(H), 10 USC 1074(A) AND 10 USC 12322
ACCT CLAS: 21 0/1/2 2010.0000 01-1100 P2A200 11**/12** VERE F1201 5570 01ENVV
S12120 TRAVEL/PER DEIM CHARGED TO: 0 21 202011D10 135197VIRQ A74YZ
300055.16.11 21TO MOD10DM RP7413A MOD10DMRP7413A 021001

MDC: N/A HOR: SAME AS SNL COMP: ARNG RES GR: SGT PMOS/AOC: 21E2
SEX: M PPN: N/A FEED: 01 OCT 1976 SCTY CL: SECRET
DORRES: 19 JUL 1981

FORMAT: 162

* AHRC *
* OFFICIAL *

DISTRIBUTION: 1 SOLDIER
1 WT BN HQ 7950 MARTIN LOOP FT BENNING GA 31905
1 877 EN BN HHC PO BOX 1847SW HAMILTON AL 35570 9999
1 ALARNG ELEMENT, JF HQ 1750 CONG WM DICKINSON MONTGOMERY G1 AL 36109 2602
1 GANT, FRUIN AND SFC NOEL 8899 EAST 56TH ST PMTC INDIANAPOLIS IN 46249 0170

DEPARTMENT OF THE ARMY
LANDSTUHL REGIONAL MEDICAL CENTER
CMR 402
APO AE 09180

AHRC-1D-SS
ORDERS

FEB

YOU ARE REASSIGNED AND/OR DEPLOYED AS SHOWN BELOW AND ARE TO RETURN TO YOUR PERMANENT STATION UPON COMPLETION OF THE DUTIES IN SUPPORT OF THIS OPERATION. YOU WILL SUBMIT A REVIEWED TRAVEL VOUCHER FOR THIS TRAVEL TO THE FINANCE OFFICE WITHIN 5 WORKING DAYS AFTER RETURN TO HOME STATION.

RPT TO: USA MEDDAC FT BENNING W2L3AA FT BENNING GA 31905
ASG TO: 877 EN BN HHC WP10TO PO BOX 1847SW HAMILTON AL 35570 9999
ATT TO: WT BN HQ W2L320 7950 MARTIN LOOP FT BENNING GA 31905
PURPOSE: MEDICAL EVACUATION (MILITARY/COMMERCIAL AIRLIFT) OF RESEVE COMPONENT SOLDIERS FOR CONTINUED MEDICAL CARE.
REPORT DATE: 25 FEB 2010 END DATE: 06 MAR 2010 NTE: 10 DAYS

ADDITIONAL INSTRUCTIONS: THIS IS A TEMPORARY CHANGE OF STATION (TCS). SOLDIER WILL RPT TO THE ABOVE NAMED MTF FOR FURTHER MEDICAL TREATMENT. NORMAL PCS ENTITLEMENTS, ALLOWANCES AND RELOCATION OF FAMILY MEMBERS ARE NOT AUTH. SOLDIER'S TRAVEL WILL BE PURCHASED UTILIZING THE CENTRALLY BILLED ACCOUNT (CBA). SOLDIERS ARE AUTH 3 CHECKED BAGS - ONE PERSONAL BAG AND TWO ISSUED BAGS OF OTCIE (NOT TO EXCEED 70 LBS/BAG) AND 1 STANDARD CARRY-ON BAG ON AMC/CONTRACTED FLIGHTS. TRAVEL BY POV/RENTAL CAR IS NOT AUTH. GOVERNMENT QTRS AND DINING FACILITIES WILL BE UTILIZED. THE INSTALLATION COMMANDER WILL MAKE SEPARATE DETERMINATIONS AS THE AVAILABILITY OF MESS AND QTRS AND AS A LAST RESORT WILL ISSUE STATEMENT/CERTIFICATE OF NON-AVAILABILITY. PER DIEM PAYABLE IS \$3.00 PER DAY FOR CONUS AND \$3.50 PER DAY FOR OCONUS. PER DIEM WILL NORMALLY BE PAID FOR THE TRAVEL TO GAINING STATION, OR REPLACEMENT ACTIVITY UNLESS PROHIBITED BY TRAVEL CIRCUMSTANCES. THE GAINING UNIT COMMANDER HAS THE RESPONSIBILITY FOR PERSONNEL SERVICE SUPPORT TO INCLUDE UCMJ AND ALL OTHER FORMS OF PERSONNEL AND LEGAL ADMINISTRATION SUPPORT EXCEPT RESERVE COMPONENT PROMOTION AUTHORITY, BASIC ALLOWANCE FOR HOUSING (BAH) FOR RC SOLDIERS AND RETIRED SOLDIERS CALLED OR ORDERED TO ACTIVE DUTY IS BASED ON THEIR PRINCIPAL PLACE OF RESIDENCE WHEN CALLED OR ORDERED TO THE TOUR OF ACTIVE DUTY. SOLDIER WILL SUBMIT INTERIM TRAVEL VOUCHER IF OTHERWISE ENTITLED TO PER DIEM AND/OR TRAVEL FOR THE MONTHLY PAYMENT OF ACCRUAL TRAVEL PAYMENT. CARE SHOULD BE TAKEN TO KEEP ALL REQUIRED DOCUMENTS TO SUPPORT PAYMENTS/REQUEST FOR PAYMENTS. ALL DOCUMENTS WILL BE REQUIRED UPON FINAL SETTLEMENT VOUCHER. ADDITIONAL MOVEMENT REQUIREMENTS WILL BE COORDINATED BY THE GAINING MTF. YOU ARE DIRECTED TO RPT YOUR STATUS VIA EMAIL TO THE 1ST PERSCOM, KUWAIT CASUALTY CELL AT: C1CASUALTYOPSKUWAIT.ARMY.MIL. YOU ARE DIRECTED TO CONTACT THE GAINING MTF IMMEDIATELY UPON ARRIVAL. IF COMMERCIAL AIR IS USED, THERE WILL BE ABSOLUTELY NO DEVIATION FROM THE ITINERARY AUTH. CALL (706) 544-2289/3916/3474 DURING DUTY HOURS (706) 544-2941 AFTER DUTY HOURS OR PAGER (706) 317-0494, (706) 317-0296 FOR WTU/MTF ASSISTANCE HOME UNIT: 877 EN BN HHC, NG/OEF, MIL AIR

FOR ARMY USE: AUTHORITY: 10 USC 12301D
ACCT CLAS: 21 0 2020.0000 B1 B1TC 135197 21T1/21T2 WEB7072T185058 VFRE F4209
AZVKZE 12161 2020B1AZVK12161 0052-LMC-27FEB10

FORMAT: 401
FOR THE COMMANDER:

* AHRC *
* OFFICIAL *

DISTRIBUTION: 1 SOLDIER
1 USA MEDDAC FT BENNING FT BENNING GA 31905
1 877 EN BN HHC PO BOX 1847SW HAMILTON AL 35570 9999
1 WT BN HQ 7950 MARTIN LOOP FT BENNING GA 31905
1 ALARNG ELEMENT, JF HQ 1750 CONG WM DICKINSON MONTGOMERY G1 AL 36109 2602

STATE MILITARY DEPARTMENT
JOINT FORCE HEADQUARTERS NATIONAL GUARD

ORDERS

April :

Following order is amended as indicated.

So much of: Orders 106351 this Hq dtd 16 April 2009

Pertaining to:

MOB for:

As reads: CIC #: 2020B1AZUM12161

210 2020B1B1TC13519721T1/21T2 WEB7072TG9BL73 VFRE F4822 AZUM2E 12161

How changed: IATR: FY 10 CIC #: 2020B1AZVH12161

IATR: 210 2020B1B1TC13519721T1/21T2 WEB7072TG9BL73 VFRE F4209 AZVH2E 12161

IATA: FY 10 CONTROL #: 4365919-NGAL-75

SDN: WEB7072T106351

Auth: 10 USC 12302 PARTIAL MOBILIZATION AUTHORITY

APC DJMS_RC: ALEMOB PM/TDC: MOB MOB

Format: 700

FOR THE ADJUTANT GENERAL:

DISTRIBUTION:

B

STATE MILITARY DEPARTMENT
JOINT FORCE HEADQUARTERS NATIONAL GUARD

ORDERS

April

You are ordered to active duty as a member of your Reserve Component Unit for the period indicated unless sooner released or unless extended. Proceed from your current location in sufficient time to report by the date specified. You enter active duty upon reporting to unit home station.

REPORT TO HOME STATION: 10 May 2009 , HAMILTON, AL

REPORT TO MOB STATION: 13 May 2009 , Ft McCoy, WI

Period of active duty: Not to exceed 400 days

Purpose: OPERATION ENDURING FREEDOM

Mobilization Category Code: G

Additional instructions:

- (a) Pursuant to Presidential Executive Order of 14 Sep 01, you are relieved from your present reserve component status and are ordered to report for a period of active duty NTE 25 days for mobilization processing. Proceed from your present location in sufficient time to report by the date specified.
- (b) If upon reporting for active duty you fail to meet deployment medical standards (whether because of a temporary or permanent medical condition), then you may be released from active duty, returned to your prior reserve status, and returned to your home address, subject to a subsequent order to active duty upon resolution of the disqualifying medical condition.
- (c) Sure pay is mandatory. Soldier must bring appropriate documentation to support the requirement to auth sure pay. Soldier must bring copies of rental or mortgage agreement, marriage certificate, dependent child birth certificate(s) or documentation of dependency or child support, family care plan, will, powers of attorney, and any other documentation affecting the soldier's pay or status.
- (d) Soldier will bring complete military clothing bag and appropriate personal items. Personnel requiring eye correction will bring two pairs of eyeglasses and eye inserts for a protective mask. Soldier will hand carry (if available) complete MPRJ health and dental, training, and clothing records, if moving as an individual.
- (e) Call 1-800-336-4590 (National Committee For Employer Support Of The Guard And Reserve) or check on-line at www.ESGR.org. If you have questions regarding your employment/re-employment rights.
- (f) Dependents (family members) of national guard soldiers ordered to active duty for more than 30 days are eligible for the same benefits (e.g. medical care, tricare, commissary/exchange benefits, legal assistance, use of morale, welfare and recreation facilities, etc;) as dependents of regular army soldiers (but excluding dental, which requires orders to active duty for over 180 days).
- (g) It is the soldier's responsibility to ensure dependents are issued DD Form active duty dependent ID cards. To locate the nearest ID card facility near your home visit web site www.dmdc.osd/rsl (RAPIDS site locator by state, city, zip code). Dependents are also eligible to use ARMY One Source a 24 hr resource service (in the US: 1-800-464-8107; en espanol, llame al 1-888-375-5971 or collect 1-484-530-5889) available at no cost.

ORDERS 106-351 HQ AL NG, OTAG, 16 April 2009

Additional instructions (cont):

- (h) Army One Source is available to assist soldiers and family members to seek solutions in dealing with life's issues and questions during deployments contact by phone at (within the US at 1-800-464-8107 or outside the US at 1-484-530-5889).

- (i) Government quarters and dining facilities will be used at the replacement activity and during deployment. Essential Unit Mess has been declared by ASA (M&RA) for mobilization and demobilization sites NTE 10 days. Per diem payable is \$3 per day for CONUS and \$3.50 per day OCONUS for this period of duty.
- (j) Lodging Success Program: Toll free reservation services 24/7 phone number 1-866-363-5771; email - www.lodgingsuccess.com, <http://www.lodgingsuccess.com/>; or central reservations at 1-800-462-7691; email - centralreservations@redstone.army.mil.
When issued an SNA to reside on the economy when contract lodging is not available, the Soldier is authorized 55% of the local per diem rate.
- (k) If, upon reporting for active duty, you are found to satisfy medical deployment standards, the you are further ordered to active duty for a period not to exceed 400 days, such period to include the period (not to exceed 25 days) required for mobilization processing.
- (l) CONTROL #: 9104-003-NGAL-75
- (m) CIC #: 2920B1AZUM2E12161/2020B1AZUM2E12161
- (n) Meals and lodging will be provided at no cost to the Soldier. Claims for reimbursement require a statement of non-availability control number.
- (o) For unresolved pay issues, contact the ARNG Pay Ombudsman at toll-free 1-877-ARNGPAY or by email at ARNG-MILPAY@ARNG-FSC.NGB.ARMY.MIL

FOR ARMY USE

Auth: 10 USC 12302 PARTIAL MOBILIZATION AUTHORITY

Acct clas:

Enl pay/alw: 218/9/0 2010.0000 01-1100 P2W2C00 11**/12** VFRE F3203 5570 S12120
 Enl tvl/pd: 219/210 2020B1B1TC13519721T1/21T2 WEB7072 TG9BL 73 VFRE F4822 AZUM2E12161
 Enl pay/alw: 219/9/0 2010.0000 01-1100 P2W2C00 11**/12** VFRE F3203 5570 S12120
 Enl tvl/pd: 219/210 2020B1B1TC13519721T1/21T2 WEB7072 TG9BL 73 VFRE F4822 AZUM2E12161

Sex: M

MDC: PM

PMOS/AOS/ASI/LIC: 21E2, YY , YY

HOR: PO BOX 35 , GUIN

DOR: 01-APR-85

PEBD: 01-OCT-76

Security Clearance: S

Comp: ARNGUS

Format: 165

FOR THE ADJUTANT GENERAL:

DISTRIBUTION:

B

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT

ORDERS

June

You are deployed as a Temporary Change of Station (TCS) as shown below and are to return to your permanent station upon completion of the duties in support of this operation. You will submit a reviewed travel voucher for this travel to the finance office within 5 working days after return to home station.

Assigned to: HQ, U.S. Army Central Command Bagram (WATGD2)
Bagram, Afghanistan APO AE 09354

Purpose: Deployment in support of Operation Enduring Freedom

Number of days: Not to exceed the REFRAD date of each Soldier as reflected on the HRC-A mobilization or CO-ADOS order (including amendments).

Will proceed date: O/A 20 June 2009

Security clearance: NONE, Dtd 13 May 2009 (verified by Mr. Glenn Betha, Security Manager, Phone: 608-388-3139).

Accounting Classification:

21 9 2020.0000 B1 B1TC 135197 21T1/21T2 WEB7072T168232 VFRE F4209
AZM82E 12161

21 0 2020.0000 B1 B1TC 135197 21T1/21T2 WEB7072T168232 VFRE F4209
AZM82E 12161

(Operation Enduring Freedom) (FY 00 Availability is contingent on Congress enacting appropriations or authorizing operations under a continuing resolution.)

Customer Identification Code (CIC): 2920B1AZM812161/2020B1AZM812161

Movement designator code: PME9/PME0

Additional instructions:

a) Issued Control #: 9171-MCC-20JUN09

b) ~~Rental Car not authorized.~~

c) Mode of travel TBD by Installation Transportation Officer (ITO).

d) Personnel are attached upon arrival for administration, logistics, quarters, training and Uniform Code of Military Justice (UCMJ).

e) Soldier entitlements and location requirements may be further amended for mission accomplishment.

f) SRP will be completed IAW Fort McCoy Mobilization Plan and AR 600-8-101.

g) Basic Allowance for Housing (BAH) for regular active duty Soldiers is based upon their permanent duty station (PDS). RC Soldiers and retired Soldiers called or ordered to active duty BAH is based on

their principal place of residence when called or ordered to the tour of active duty. Mobilized AGR Soldiers will have the G-1 of either the state or the RRSC validate their AGR status and BAH will be based on their PDS.

h) Soldier may submit interim travel vouchers if otherwise entitled to per diem and/or travel for the monthly payment of accrual travel payment. Care should be taken to keep all required documents to support payments/request for payments. All documents will be required upon final settlement voucher. If unable to take leave during this period a payment of unused leave is authorized with no impact to career leave sell-back of 60 days. Variation in itinerary is authorized for this travel as necessary to accomplish this mission.

i) Government Quarters and mess are available. Soldiers are entitled to BAS and per diem of \$3.50 per day. Soldiers will be authorized Hardship Duty Pay. Family Separation Pay Type II is authorized to Soldiers with dependents on TDY/TCS away from their permanent duty station for more than 30 consecutive days.

j) Soldier will be authorized Hostile Fire/Imminent Danger Pay (IDP) at current rate per month.

k) Combat Zone Tax Exclusion (CZTE) is in effect.

l) Emergency leave is authorized. Contact onsite personnel office.

m) For flights into and out of theater, Soldiers are authorized the shipment of 4 bags -three issued bags of OCIE (not to exceed 70lbs/bag) and 1 standard carry-on bag on AMC/contracted flights. When AMC or contracted transportation is not available, reimbursement for excess baggage up to 4 bags weighing more than 50lbs to a max of 70lbs per bag is authorized.

n) Force Protection Level I Training is required prior to deploying OCONUS. Contact Security Division (Mr. Betha); telephone 608-388-3139 to schedule training.

Format: 401

FOR THE COMMANDER:

DISTRIBUTION:

CDR, 877 EN BN HHC (1)

DBS, RCPSO (1)

DBS, Budget (1)

DBS (Mail Team) (1)

MPRJ (1)

DSS (ITO) (1)

STATE MILITARY DEPARTMENT
P. O. BOX

ORDERS 042

June 1993

By order of the Secretary of the Army, you are hereby ordered to active duty for training (ADT) for the period indicated. Upon completion of the period of ADT, unless sooner relieved or extended by proper authority, you will return to the place where you entered on ADT and are relieved from such duty.

Period (TDY) : 02 July 1993 - 17 July 1993
Report to: LOS SANTOS PROVINCE, PANAMA CDT LINE #15417C
Reporting time/date: 02JUL93
Purpose: AT-93

Additional instructions:

- (a) TRAVEL BY GOVERNMENT VEHICLE/AIRCRAFT DIRECTED.
- (b) GOVERNMENT MEALS AND QUARTERS ARE AVAILABLE.
- (c) PAYROLL WILL BE SUBMITTED BY THE MEMBER'S UNIT OF ASSIGNMENT.
- (d) ALL INCREMENTAL COST TO INCLUDE TRANSPORTATION AND BELLETING COST IN OCONUS COUNTRY WILL BE FUNDED BY AC HOST/SPONSOR UNIT.
- (e) INDIVIDUAL IS UNDER TITLE 10 USC SECTION 672 (B) & (D) FOR PERIOD OF THIS ORDER.

FOR ARMY USE

Auth: 10 USC 672(D) & FORSCOM FIVE YEAR CDT PLAN APPROVED BY CMSG.

HR:

Type duty code: 102 Unit AT OCONUS

Acct clas:

Enl pay/alw: 2132060 18-1001 P1A30.1100-1198/1199/1210/1250 S01079 BAA P1000

Enl tvl/gd: 2132060 18-1001 P1A60.1100-211C/219C S01079 BAA P1000

PEEO: 760602

Federal WE: M00

State tax code: AL

Marital status / Number of dependants: M01

Type of incentive pay: NONE

Type of special pay: NONE

Scty cl: SECRET

Format: 290

FOR THE ADJUTANT GENERAL:

DISTRIBUTION:

B

TAB 13

Promotion / Demotion Orders

Orders for Promotion/Demotion

TAB 14

DD Form 214 (Certificate of Release or Discharge from Active Duty) / DD Form 215 (Correction to DD Form 214) / National Guard Bureau (NGB) Form 22 (Report of Separation and Record of Service)

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER		
4a. GRADE, RATE OR RANK		b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000	
7a. PLACE OF ENTRY INTO ACTIVE DUTY			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED			
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE		
				AMOUNT: \$ 400,000.00		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)			12. RECORD OF SERVICE			
			a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
			b. SEPARATION DATE THIS PERIOD	2011	09	14
			c. NET ACTIVE SERVICE THIS PERIOD	0002	00	00
			d. TOTAL PRIOR ACTIVE SERVICE	0006	11	20
			e. TOTAL PRIOR INACTIVE SERVICE	0020	10	06
			f. FOREIGN SERVICE	0000	00	00
			g. SEA SERVICE	0000	00	00
			h. INITIAL ENTRY TRAINING	0000	00	00
			i. EFFECTIVE DATE OF PAY GRADE	2006	10	13
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMED FORCES RESERVE MEDAL W/20 YEAR DEVICE SILVER//IRAQ CAMPAIGN MEDAL W/TWO CAMPAIGN STARS//ARMY COMMENDATION MEDAL (4TH AWARD) //ARMY GOOD CONDUCT MEDAL//ARMY RESERVE COMPONENTS ACHIEVEMENT MEDAL (5TH AWARD)// NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD) //ARMED FORCES//CONT IN BLOCK 18			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) ALC-CC, 2 WEEKS, 2010//FIELD SANITATION CERTIFICATION COURSE, 1 WEEK, 2011// INFANTRYMAN ADVANCED LEADER COURSE, 2 WEEKS, 2011//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)			YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0.5		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES NO X	
18. REMARKS INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 12302 FROM 20090914 TO 20100913; CO-ADOS IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 12301 (D) FROM 20100914 TO 20110913//CONT FROM BLOCK 13: EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//HUMANITARIAN SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON (2ND AWARD)//ARMY SERVICE RIBBON//SEE ATTACHED CONTINUATION SHEET The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) FL			OFFICE OF VETERANS AFFAIRS	X	YES	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)			X	YES	NO	
21.a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)		b. DATE (YYYYMMDD)	
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION			24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE		
28. NARRATIVE REASON FOR SEPARATION						
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)				30. MEMBER REQUESTS COPY 4 (Initials)		

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (Continuation Sheet)

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
-------------------------------	-------------------------------------	---------------------------

(Specify the item number of the block continued for each entry.) //////////////////////////////////////
 CONT FROM BLOCK 18: //OVERSEAS SERVICE RIBBON//ARMED FORCES RESERVE MEDAL W/ M DEVICE//
 COMBAT INFANTRYMAN BADGE//DRIVER AND MECHANIC BADGE W/DRIVER-WHEELED VEHICLE(S) CLASP//
 NOTHING FOLLOWS

21.a. MEMBER SIGNATURE SIGNED BY:	b. DATE (YYYYMMDD)	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) SIGNED BY: MURRAY.TARA.ANN.1099411232	b. DATE (YYYYMMDD)
--------------------------------------	-----------------------	--	-----------------------

TAB 15

**Notification of Eligibility for Retired Pay Letter
(15 or 20 Years)**

Appendix I

Example, Notification of Eligibility for Retired Pay for Non-Regular Service (20 years) (NGB Form 23D)

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
JOINT FORCE HEADQUARTERS - LOUISIANA
OFFICE OF THE ADJUTANT GENERAL
JACKSON BARRACKS
NEW ORLEANS, LOUISIANA 70146-0330

LANG-G1-S

4 May 2011

MEMORANDUM THRU Commander, 209th Pers Svc Det, Jackson Barracks,
New Orleans, LA 70146-0330

FOR SFC THOMAS, Donald Edwin, Jr., xxx-xx-xxxx, 6632 Creely Drive,
ANYWHERE, LA 70043-4106

SUBJECT: Notification of Eligibility for Retired Pay for Non-Regular Service (20 Years)

1. You have completed the required years of service and will be eligible for retired pay upon your application at age 60 unless you qualify for a reduced eligibility age in accordance with Title 10, U.S. Code, Section 12731(f). Your eligibility is based upon the enclosed NGB Form 23B, Army National Guard Retirement Points History Statement.

2. You are not entitled to retired pay under Title 10, U.S. Code, Section 12731 if you are now or later become entitled to retired pay from an armed force under any other provision of law or to retainer pay as a member of the Fleet Reserve or Fleet Marine Corps Reserve.

3. Your eligibility for retired pay may not be denied or revoked on the basis of any error, miscalculation, misinformation, or administrative determination of years of creditable service performed unless it resulted directly from fraud or misrepresentation on your part. However, the number of years of creditable service on which your retired pay is computed may be adjusted to correct any error, miscalculation, misinformation, or administrative determination. When such correction is made you will be eligible for retired pay according to the number of years of creditable service, as corrected, from the date retired pay is granted.

4. You are eligible to participate in the Reserve Component Survivor Benefit Plan (RCSBP). The RCSBP will provide an annuity based on your retired pay to a surviving spouse, spouse and dependent child or children, child or children only, or a person with an insurable interest in you.

a. Upon receipt of this Notification of Eligibility, if you are married, or have a dependent child you will automatically be enrolled in accordance with Title 10, U.S.C. Section 1448(a)(2)(B) in the RCSBP under option C (Immediate Annuity), Spouse and Child(ren), based on full retired pay unless you elect different or no coverage within 90 days after the date you receive this notification. If you are married on the date of your election, and you elect less than full and immediate coverage, your spouse's concurrence is required by law. That concurrence will be recorded in section IX of DD Form 2656-5 (Reserve Component Survivor Benefit Plan (RCSBP) Election Certificate), and the signature must be notarized.

b. You must complete and return the enclosed DD Form 2656-5 to the address in the letterhead. We will retain a copy of your completed election with a copy of this notification in your iPERMS and State records. Detailed information on the RCSBP program and its estimated cost is enclosed. You may contact us with questions on the RCSBP.

c. Single Soldiers are not required or permitted to make an election in the Reserve Component Survivor Benefit Plan (RCSBP) unless they meet one of the options in the written materials provided with their NOEs.

19 August 2011

*NGR 680-2

LANG-G1-S

SUBJECT: Notification of Eligibility for Retired Pay for Non-Regular Service (20 Years)

5. You may be eligible for Veterans' Group Life Insurance (VGLI) when you leave active status. The Office of Servicemembers' Group Life Insurance has information on SGLI and VGLI at <http://www.insurance.va.gov/sgliSITE/miscellaneous/contact.htm> or you may call them at 1-800-419-1473.

FOR THE CHIEF, NATIONAL GUARD BUREAU:

2 Encls

1. NGB Form 23B
(RPAM History Statement)
2. DD Form 2656-5

WILLIAM L. COMEAUX
Colonel, GS, LAARNG
G-1

DISTRIBUTION:

- 1 iPERMS (less encl 2)
- 1 State use (less encls)

NGB FORM 23D
19 August 2011

Appendix J

Example, Notification of Eligibility for Retired Pay for Non Regular Service (15 years) (NGB Form 23E)

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
JOINT FORCE HEADQUARTERS - LOUISIANA
OFFICE OF THE ADJUTANT GENERAL
JACKSON BARRACKS
NEW ORLEANS, LOUISIANA 70117-0330

LANG-G1-S

4 May 2011

MEMORANDUM THRU Commander, 209th Pers Svc Det, Jackson Barracks,
New Orleans, LA 70146-0330

FOR SFC THOMAS, Donald Edwin, Jr., xxx-xx-xxxx, 6632 Creely Drive,
ANYWHERE, LA 70043-4106

SUBJECT: Notification of Eligibility for Retired Pay for Non-Regular Service (15 Years)

1. You have completed at least 15 years but fewer than 20 years of qualifying service and will be eligible for retired pay upon your application at age 60 unless you qualify for a reduced eligibility age in accordance with Title 10, U.S. Code, Section 12731(f). Your eligibility is based upon the following qualifications and the enclosed NGB Form 23B, Army National Guard Retirement Points History Statement.

a. You were in the Selected Reserve.

b. You completed at least 15, but less than 20, years of qualifying service on or after 1 October 1991.

c. You no longer met the qualifications for membership in the Selected Reserve solely because you are unfit due to a physical disability; and the disability was not the result of your intentional misconduct, willful neglect, or willful failure to comply with standards and qualifications for retention established by the Secretary of the Army; and it was not incurred during a period of unauthorized absence.

d. You were discharged from the Army National Guard and, unless you requested transfer to the Retired Reserve, you were also separated as a Reserve of the Army.

2. You are not entitled to earn additional retirement points toward non-regular retired pay unless specifically authorized by the Secretary of the Army. Retired pay for non-regular service will be based only on retirement points earned prior to separation from an active status.

3. Your eligibility for retired pay may not be denied or revoked on the basis of any error, miscalculation or administrative determination of years of creditable service performed unless it resulted directly from fraud or misrepresentation on your part. Notwithstanding the foregoing, the number of years of creditable service upon which your retired pay is computed may be adjusted to correct any error, miscalculation, or administrative determination, and when such a correction is made you will be eligible for retired pay in accordance with the number of years of creditable service, as corrected, from the date retired pay is granted.

4. You will not be entitled to retired pay under this law if you are now or later become entitled to retired pay from an armed force under any other provision of law or to retainer pay as a member of the Fleet Reserve or Fleet Marine Corps Reserve.

19 August 2011

*NGR 680-2

LANG-G1-S

SUBJECT: Notification of Eligibility for Retired Pay for Non-Regular Service (15 Years)

5. You are eligible to participate in the Reserve Component Survivor Benefit Plan (RCSBP). The RCSBP will provide an annuity based on your retired pay to a surviving spouse, spouse and dependent child or children, child or children only, or a person with an insurable interest in you.

a. Upon receipt of this Notification of Eligibility, if you are married, or have a dependent child you will automatically be enrolled in accordance with Title 10, U.S.C. Section 1448(a)(2)(B) in the RCSBP under option C (Immediate Annuity), Spouse and Child(ren), based on full retired pay unless you elect different or no coverage within 90 days after the date you receive this notification. If you are married on the date of your election, and you elect less than full and immediate coverage, your spouse's concurrence is required by law. That concurrence will be recorded in section IX of DD Form 2656-5 (Reserve Component Survivor Benefit Plan (RCSBP) Election Certificate), and the signature must be notarized.

b. You must complete and return the enclosed DD Form 2656-5 to the address in the letterhead. We will retain a copy of your completed election with a copy of this notification in your iPERMS and State records. Detailed information on the RCSBP program and its estimated cost is enclosed. You may contact us with questions on the RCSBP.

c. Single Soldiers are not required or permitted to make an election in the Reserve Component Survivor Benefit Plan (RCSBP) unless they meet one of the options in the written materials provided with their NOEs.

6. You may be eligible for Veterans' Group Life Insurance when you leave active status. You may obtain information on this program from the Office of Servicemembers' Group Life Information, at <http://www.insurance.va.gov/sgliSITE/miscellaneous/contact.htm> or you may call them at 1-800-419-1473.

FOR THE CHIEF, NATIONAL GUARD BUREAU:

2 Encls

1. NGB Form 23B
(RPAM History Statement)
2. DD Form 2656-5

WILLIAM L. COMEAUX
Colonel, GS, LAARNG
G1

DISTRIBUTION:

- 1 iPERMS (less encl 2)
- 1 State Use (less encls)

NGB Form 23E
19 August 2011

TAB 16

**National Guard Bureau (NGB) Form 23B (Retirement
Points History Statement)**

****Must Current****

Appendix G

Example, Army National Guard Retirement Points History Statement (NGB Form 23B)

Army National Guard Retirement Points History Statement

SFC THOMAS, DONALD EDWIN, JR.
 000-00-0000
 209TH PERS SVC DET
 6632 CREELY DRIVE
 ANYWHERE, LA 70043-4106
 UIC W8BBB1

DATE PREPARED: 2008/07/30
 AYE: 10/15
 BASD:
 Notice Of Eligibility: Yes
 Highest Grade Held: E07
 OUTPUT REASON: REQUEST

THIS SUMMARY IS A STATEMENT OF YOUR POINTS EARNED TOWARDS RETIREMENT.
 YOU SHOULD REVIEW ALL ENTRIES AND REPORT ANY DISCREPANCIES TO YOUR UNIT CLERK. PARTICULAR
 ATTENTION SHOULD BE GIVEN TO ANY PERIOD OF SERVICE WITH A VERIFICATION STATUS (VS) OF "B"
 BECAUSE POINTS ARE NOT CREDITED UNTIL VERIFIED.

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP Misc Pts	AD Pts	VS	TOTAL Career Points	TOTAL Pts For Ret Pay	CREDITABLE Svc For Ret Pay
1984/10/16	1985/09/17	F3	0		0	0	V	---	---	--/--/--
1985/09/18	1985/10/15	A4	0	14	0	28	V	42	42	00/00/28
1985/10/16	1986/10/15	A4	0	0	0	365	V	365	365	01/00/00
1986/10/16	1987/10/15	A4	0	0	0	365	V	365	365	01/00/00
1987/10/16	1988/10/15	A4	0	0	0	366	V	366	366	01/00/00
1988/10/16	1989/10/15	A4	0	0	0	365	V	365	365	01/00/00
1989/10/16	1990/10/15	A4	0	0	0	365	V	365	365	01/00/00
1990/10/16	1991/06/17	A4	0	--	0	245	V	---	---	--/--/--
1991/06/18	1991/10/15	F3	0	5	0	0	V	250	250	01/00/00
1991/10/16	1991/12/25	F3	0	--	0	0	V	---	---	--/--/--
1991/12/26	1992/10/15	B1	33	15	0	15	V	63	63	01/00/00
1992/10/16	1993/10/15	B1	53	15	0	15	V	83	75	01/00/00
1993/10/16	1994/10/15	B1	34	15	0	0	V	49	49	00/00/00
1994/10/16	1995/10/15	B1	40	15	0	15	V	70	70	01/00/00
1995/10/16	1996/10/15	B1	47	15	0	15	V	77	77	01/00/00
1996/10/16	1997/10/15	B1	48	15	0	15	V	78	78	01/00/00
1997/10/16	1998/10/15	B1	43	15	0	15	V	73	73	01/00/00
1998/10/16	1999/10/15	B1	35	15	0	17	V	67	67	01/00/00
1999/10/16	2000/10/15	B1	38	15	90	15	V	165	90	01/00/00
2000/10/16	2001/10/15	B1	55	15	60	15	V	145	105	01/00/00
2001/10/16	2002/07/24	B1	40	--	42	4	V	---	---	--/--/--
2002/07/25	2002/10/15	B2	0	15	0	83	V	184	177	01/00/00
2002/10/16	2003/03/12	B2	0	--	1	148	V	---	---	--/--/--
2003/03/13	2003/10/15	B1	16	15	0	35	V	215	215	01/00/00
2003/10/16	2004/10/15	B1	42	15	0	21	V	78	78	01/00/00
2004/10/16	2005/01/21	B1	12	--	0	5	V	---	---	--/--/--
2005/01/22	2005/10/15	B2	0	15	0	267	V	299	299	01/00/00
2005/10/16	2006/07/09	B2	0	--	0	267	V	---	---	--/--/--
2006/07/10	2006/10/15	B1	4	15	0	0	V	286	286	01/00/00
2006/10/16	2007/10/15	B1	54	15	0	8	V	77	77	01/00/00
2007/10/16	--	B1	38	--	0	0	V	---	---	--/--/--
Grand Totals						3074		4127	3997	21/00/28

19 August 2011

*NGR 680-2

SFC THOMAS, DONALD EDWIN, JR.
000-00-0000
209TH PERS SVC DET
6632 CREELY DRIVE
ANYWHERE, LA 70043-4106
UIC W8BBB1

DATE PREPARED: 2008/07/30
AYE: 10/15
BASD:
Notice Of Eligibility: Yes
Highest Grade Held: E07
OUTPUT REASON: REQUEST

MILITARY MEMBERSHIP STATUS IDENTIFIERS

F3 - United States Navy Reserve
A4 - United States Navy Regular Service
B1 - Army National Guard Unit Member
B2 - Army National Guard Mobilized Service

NON-CREDITABLE PERIODS OF SERVICE

From Date	To Date	Reason
-----------	---------	--------

DISTRIBUTION:
1 SOLDIER
1 REQUESTOR
1 STATE USE

NGB FORM 23B
19 August 2011

**Appendix H
Example, Army National Guard Retirement Points Statement Application for Retired Pay
(NGB Form 23C)**

Army National Guard Retirement Points Statement Application for Retired Pay

SFC THOMAS, DONALD EDWIN, JR.
000-00-0000
209TH PERS SVC DET
6632 CREELY DRIVE
ANYWHERE, LA 70043-4106
UIC W8BBBI

DATE PREPARED: 2008/07/30
AYE: 10/15
BASD:
Notice Of Eligibility: Yes
Highest Grade Held: E07
OUTPUT REASON: REQUEST

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP Misc Pts	AD Pts	VS	TOTAL Career Points	TOTAL Pts For Ret Pay	CREDITABLE Svc For Ret Pay
1984/10/16	1985/09/17	F3	0	--	0	0	V	---	---	--/--/--
1985/09/18	1985/10/15	A4	0	14	0	28	V	42	42	00/00/28
1985/10/16	1986/10/15	A4	0	0	0	365	V	365	365	01/00/00
1986/10/16	1987/10/15	A4	0	0	0	365	V	365	365	01/00/00
1987/10/16	1988/10/15	A4	0	0	0	366	V	366	366	01/00/00
1988/10/16	1989/10/15	A4	0	0	0	365	V	365	365	01/00/00
1989/10/16	1990/10/15	A4	0	0	0	365	V	365	365	01/00/00
1990/10/16	1991/06/17	A4	0	--	0	245	V	---	---	--/--/--
1991/06/18	1991/10/15	F3	0	5	0	0	V	250	250	01/00/00
1991/10/16	1991/12/25	F3	0	--	0	0	V	---	---	--/--/--
1991/12/26	1992/10/15	B1	33	15	0	15	V	63	63	01/00/00
1992/10/16	1993/10/15	B1	53	15	0	15	V	83	75	01/00/00
1993/10/16	1994/10/15	B1	34	15	0	0	V	49	49	00/00/00
1994/10/16	1995/10/15	B1	40	15	0	15	V	70	70	01/00/00
1995/10/16	1996/10/15	B1	47	15	0	15	V	77	77	01/00/00
1996/10/16	1997/10/15	B1	48	15	0	15	V	78	78	01/00/00
1997/10/16	1998/10/15	B1	43	15	0	15	V	73	73	01/00/00
1998/10/16	1999/10/15	B1	35	15	0	17	V	67	67	01/00/00
1999/10/16	2000/10/15	B1	38	15	90	15	V	165	90	01/00/00
2000/10/16	2001/10/15	B1	55	15	60	15	V	145	105	01/00/00
2001/10/16	2002/07/24	B1	40	--	42	4	V	---	---	--/--/--
2002/07/25	2002/10/15	B2	0	15	0	83	V	184	177	01/00/00
2002/10/16	2003/03/12	B2	0	--	1	148	V	---	---	--/--/--
2003/03/13	2003/10/15	B1	16	15	0	35	V	215	215	01/00/00
2003/10/16	2004/10/15	B1	42	15	0	21	V	78	78	01/00/00
2004/10/16	2005/01/21	B1	12	--	0	5	V	---	---	--/--/--
2005/01/22	2005/10/15	B2	0	15	0	267	V	299	299	01/00/00
2005/10/16	2006/07/09	B2	0	--	0	267	V	---	---	--/--/--
2006/07/10	2006/10/15	B1	4	15	0	0	V	286	286	01/00/00
2006/10/16	2007/10/15	B1	54	15	0	8	V	77	77	01/00/00
2007/10/16	--	B1	38	--	0	0	V	---	---	--/--/--
Grand Totals						3074		4127	3997	21/00/28

19 August 2011

*NGR 680-2

SFC THOMAS, DONALD EDWIN, JR.
000-00-0000
209TH PERS SVC BN
6632 CREELY DRIVE
ANYWHERE, LA 70043-4106
UIC W8BBB

DATE PREPARED: 2008/07/30
AYE: 10/15
BASD:
Notice Of Eligibility: Yes
Highest Grade Held: E07
OUTPUT REASON: REQUEST

MILITARY MEMBERSHIP STATUS IDENTIFIERS

F3 - United States Navy Reserve
A4 - United States Navy Regular Service
B1 - Army National Guard Unit Member
B2 - Army National Guard Mobilized Service

NON-CREDITABLE PERIODS OF SERVICE

From Date To Date Reason

CERTIFICATION

Service and retirement points listed hereon have been verified and/or obtained from an accepted interface.

WILLIAM L. COMEAUX
Colonel, GS. LAARNG
G-1

TAB 17

DA Form 705 (APFT Scorecard)

Other Documents Related to the Medical Condition

Army Physical Fitness Test Scorecard

For use of this form, see TC 3-22.20; the proponent agency is TRADOC.

NAME (Last, First, MI)	
GENDER	
UNIT	

TEST ONE				TEST TWO				TEST THREE				TEST FOUR			
DATE	GRADE	AGE													
HEIGHT (IN INCHES)	BODY COMPOSITION		POINTS	HEIGHT (IN INCHES)	BODY COMPOSITION		POINTS	HEIGHT (IN INCHES)	BODY COMPOSITION		POINTS	HEIGHT (IN INCHES)	BODY COMPOSITION		POINTS
	WEIGHT:	BODY FAT:			WEIGHT:	BODY FAT:			WEIGHT:	BODY FAT:			WEIGHT:	BODY FAT:	
	lbs	%			lbs	%			lbs	%			lbs	%	
	GO / NO-GO	GO / NO-GO			GO / NO-GO	GO / NO-GO			GO / NO-GO	GO / NO-GO			GO / NO-GO	GO / NO-GO	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS	
SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS	
ZMR RAW SCORE	INITIALS	POINTS		ZMR RAW SCORE	INITIALS	POINTS		ZMR RAW SCORE	INITIALS	POINTS		ZMR RAW SCORE	INITIALS	POINTS	
ALTERNATE AEROBIC EVENT		TOTAL POINTS		ALTERNATE AEROBIC EVENT		TOTAL POINTS		ALTERNATE AEROBIC EVENT		TOTAL POINTS		ALTERNATE AEROBIC EVENT		TOTAL POINTS	
TIME				TIME				TIME				TIME			
GO <input type="checkbox"/>	NO-GO <input type="checkbox"/>			GO <input type="checkbox"/>	NO-GO <input type="checkbox"/>			GO <input type="checkbox"/>	NO-GO <input type="checkbox"/>			GO <input type="checkbox"/>	NO-GO <input type="checkbox"/>		
NCO/CO/IC SIGNATURE				NCO/CO/IC SIGNATURE				NCO/CO/IC SIGNATURE				NCO/CO/IC SIGNATURE			
COMMENTS				COMMENTS				COMMENTS				COMMENTS			

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS 2MR - 2 MILE RUN

SU - SIT UPS APFT - ARMY PHYSICAL FITNESS TEST

Army Physical Fitness Test Scorecard

For use of this form, see TC 3-22.20; the proponent agency is TRADOC.

NAME (LAST, FIRST MIDDLE)
GENDER
UNIT

TEST FIVE				TEST SIX				TEST SEVEN				TEST EIGHT			
DATE	GRADE	AGE													
HEIGHT (IN INCHES)		BODY COMPOSITION		HEIGHT (IN INCHES)		BODY COMPOSITION		HEIGHT (IN INCHES)		BODY COMPOSITION		HEIGHT (IN INCHES)		BODY COMPOSITION	
WEIGHT: _____ lbs		BODY FAT: _____ %		WEIGHT: _____ lbs		BODY FAT: _____ %		WEIGHT: _____ lbs		BODY FAT: _____ %		WEIGHT: _____ lbs		BODY FAT: _____ %	
GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>		GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>		GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>		GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>		GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>		GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>		GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>		GO / NO-GO <input type="checkbox"/> / <input type="checkbox"/>	
PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS		PU RAW SCORE	INITIALS	POINTS	
SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS		SU RAW SCORE	INITIALS	POINTS	
ZMR RAW SCORE	INITIALS	POINTS		ZMR RAW SCORE	INITIALS	POINTS		ZMR RAW SCORE	INITIALS	POINTS		ZMR RAW SCORE	INITIALS	POINTS	
ALTERNATE AEROBIC EVENT				ALTERNATE AEROBIC EVENT				ALTERNATE AEROBIC EVENT				ALTERNATE AEROBIC EVENT			
EVENT _____				EVENT _____				EVENT _____				EVENT _____			
TIME _____				TIME _____				TIME _____				TIME _____			
GO <input type="checkbox"/> NO-GO <input type="checkbox"/>				GO <input type="checkbox"/> NO-GO <input type="checkbox"/>				GO <input type="checkbox"/> NO-GO <input type="checkbox"/>				GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			
NCOIC/OIC SIGNATURE _____				NCOIC/OIC SIGNATURE _____				NCOIC/OIC SIGNATURE _____				NCOIC/OIC SIGNATURE _____			
COMMENTS				COMMENTS				COMMENTS				COMMENTS			

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS ZMR - 2 MILE RUN
 SU - SIT UPS APFT - ARMY PHYSICAL FITNESS TEST