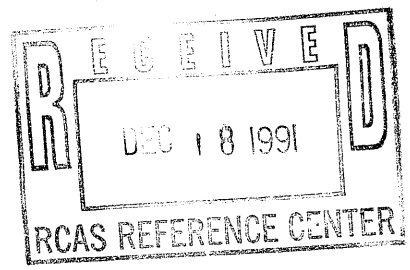
C-BK 11117

Army Regulation 600–60



Personnel General

Physical Performance Evaluation System

Headquarters
Department of the Army
Washington, DC
31 October 1985

SUMMARY of CHANGE

AR 600-60
Physical Profile Evaluation System

This revision makes the following changes:

- o Soldiers evaluated by the disability system (AR 635-40) after 1 July 1984 do not require MMRB referral.
- o General officers possessing a permanent physical profile with a "3" or "4" in one or more of the PULHES factors will not be mandatorily referred to an MMRB but may be referred at the discretion of the convening authority.
- o Soldiers with approved service retirements, DA or locally imposed bars to reenlistment, or are pending administrative separation are not required to be evaluated by an MMRB.
- o Officers require certification by an MMRB prior to approval for the following career statuses: Conditional Voluntary Indefinite, Voluntary Indefinite, Regular Army.
- o All voting members will be senior in grade and/or date of rank to the boarded soldier.
- o Soldiers geographically separated from their MMRBCA may be boarded by other convening authorities or in absentia.
- o Summary of board proceedings and decisions are filed permanently in the soldier's Official Military Personnel File.
- o One copy of the MMRB proceedings and decisions will be forwarded to MILPERCEN or ARPERCEN (for USAR).
- o Soldiers must be evaluated and certified by an MMRB prior to departing on assignment instructions.

Issue Notice: This UPDATE issue supersedes the 1 July 1984 issue of AR 600–60, which should now be discarded.

Distribution: Distribution of this issue has been made in accordance with block 383, DA Form 12–9A for Active Army, or by Subscription Card for users that have submitted a subscription card for this regulation.

Subscription Information: See inside cover.

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Locator Sheets: Until all publications are converted to the UPDATE format, the sequence of a "library" can be maintained by inserting this publication in the appropriate looseleaf binder where other publications are stored.

Citations: In using an UPDATE printing of a publication when making a citation, simply cite the publication.

Editorial Comments: This UPDATE publication contains editorial comments that are not in the original standard version. These comments were inserted when there was a need to clarify the placement of an element of text (for example, the location of a referenced table). These comments are set in bold italic type and enclosed in parentheses.

Placement of Tables, Figures, Appendixes, and "R" Forms:

- Full-page tables, figures, and appendixes (in that order) in update publications are located following the last chapter of the related publication. Less than full page tables and figures will be placed when applicable nearest the first cited reference in the related publication.
- All reproducible forms (R forms) included in this update publication are located at the back of this volume in numerical sequence beginning with DA Forms.

A Special Note About Forms and Local Reproduction: Forms are one of the Army's basic work tools. As the successful use of forms is closely related to the effective and efficient handling of actions, the following general information about locally reproducible forms may be helpful to you.

- DA locally reproducible forms are designated with the suffix "R" as in DA Form XXX–R.
- The authority for local reproduction of DD Forms and their use is given in the directive.
- Sources for forms not authorized for local reproduction are the AG publications centers or as stated in the authorizing directive. Since these forms may *NOT* be reproduced locally, they must be requisitioned.
- The copies of "R" forms at the back of regulations printed in this UPDATE are for your use in making local reproduction. Have them printed through your Forms Management Officer (FMO). In accordance with AR 310–1, paragraphs 4–26 and 4–28, the FMO may authorize the reproduction of a form in a modified format more convenient to local users. Those provisions permit back-to-back printing, carbon sets, and continuous construction for word processing use.
- AR 310–1 also authorizes overprinting of locally fixed processing information. The idea behind this authorization to overprint is to reduce the amount of time a typist has to spend repeating "local boiler plate" requirements.
- The rules for procuring printing differ from place-to-place. Therefore, your FMO may not be able to approve the printing. In such a case, the decision to overprint, or not to overprint locally required information, would be taken at the lowest level where printing decisions are made.

The Forms and Local Reproduction program offers you an opportunity to reduce your administrative burden and to save precious manhours for your unit.



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The relationship of pen and book in this *mark* depicts printed communications–ideas disseminated rapidly and accurately in an economically and aesthetically beneficial manner to serve and to be conveniently used by a large audience.

Headquarters
Department of the Army
Washington, DC
31 October 1985

*Army Regulation 600–60

Effective 31 October 1985

Personnel—General

Physical Performance Evaluation System

This UPDATE printing publishes a new revision, which is effective 31 October 1985.

By Order of the Secretary of the Army:

JOHN A. WICKHAM, JR.
General, United States Army
Chief of Staff

Official:

MILDRED E. HEDBERG
Brigadier General, United States Army
The Adjutant General

Summary. This regulation covers the Physical Performance Evaluation System (PPES). It requires soldiers (commissioned, warrant and enlisted on active duty in the Army) with permanent medical conditions or impairments to be evaluated. This evaluation is to determine if soldiers can perform satisfactorily in their primary occupational specialty or specialty code in a worldwide field environment. The regulation gives the duties and procedures of the Military Occupational Specialty/Medical Retention Board (MMRB). It also gives the procedures for referring soldiers for medical reclassification or physical disability evaluation.

Applicability. This regulation applies to all soldiers on active duty in the Army. It does not apply to Army National Guard (ARNG) and US Army Reserve (USAR) personnel ordered to active duty (AD) or active duty for training (ADT) for periods of 179 days or less to include full-time training duty under title 32 of the United States Code, or inactive duty training or ADT under authority of 10 USC 270(b). The PPES is binding on all echelons of command. This regulation will take precedence over conflicting policies and procedures in the following publications: AR 40–66; AR 40–501; AR 600–200; AR 601–280; AR 640–2–1; AR 640–10; AR 140–111; AR 135–18; AR 135–91; AR 135–210; AR 135–215; NGR 600–200; DA Pam 600–8, procedures 3–46 and 6–11; and DA Pam 600–8–10.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. Supplementation of this regulation is prohibited without prior approval from HQDA(DAPC–EPA–D), ALEX VA 22331–0400.

Interim Changes. Interim changes to this regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA(DAPC–EPA–D), ALEX VA 22331–0400.

Distribution. Active Army, B; ARNG, None; USAR, None.

Contents (Listed by paragraph number)

Chapter 1
General Provisions
Purpose • 1–1
References • 1–2
Explanation of abbreviations and terms • 1–3
Responsibilities • 1–4

Chapter 2
Deployability Status
Evaluation process • 2–1
Physical profile serial • 2–2
Issuance of permanent profile • 2–3
Determinations • 2–4
Reenlistment/Career Status • 2–5
Assignments • 2–6

Chapter 3
Convening Authority, Membership, Procedures, and Recommendations
Convening authority • 3–1
Membership • 3–2
Recorder actions • 3–3
Board recommendations • 3–4
Convening authority action • 3–5
Military personnel office action • 3–6
US Army Military Personnel Center action • 3–7

Chapter 4
Physical Disability System
Physical fitness determination • 4–1
Procedures • 4–2
Disability benefits and severance pay • 4–3
Continuation on active duty (COAD) • 4–4
Presumption of fitness • 4–5

Appendix A. References

Glossary

*This regulation supersedes AR 600–60, 1 July 1984.

RESERVED

Chapter 1
General Provisions

1–1. Purpose
This regulation implements and establishes operating procedures for the Physical Performance Evaluation System (PPES) that will upgrade the physical quality of the force and ensure each soldier is physically qualified to perform in his or her Primary Military Occupational Specialty (PMOS) or specialty code worldwide and under field conditions.

1–2. References
Required and related publications are listed in appendix A.

1–3. Explanation of abbreviations and terms
Abbreviations and special terms used in this regulation are explained in the glossary.

1–4. Responsibilities
a. Deputy Chief of Staff for Personnel (DCSPER). The DCSPER has overall Army Staff responsibility for the Army Physical Performance Evaluation System.

b. Commanding General, United States Army Military Personnel Center (CG, MILPERCEN). The CG, MILPERCEN will—

(1) Interpret and implement policies initiated by the DCSPER.

(2) Develop procedures and programs to implement DA policy pertaining to reclassification.

(3) Be the final decision authority in medical reclassification cases for all active component personnel to include USAR soldiers ordered to active duty under the provisions of AR 135–210.

(4) Coordinate all policies and procedures affecting USAR personnel with Commander, US Army Reserve Personnel Center.

(5) Grant exceptions on a case-by-case basis to nonstatutory provisions of this regulation.

c. Commanding General, US Army Physical Disability Agency (USAPDA). The CG, USAPDA will implement and operate the Army Physical Disability System (AR 635–40) for the Secretary of the Army under the general staff supervision of the DCSPER.

d. The Surgeon General (TSG). TSG will establish and interpret medical retention standards for soldiers on active duty (AR 40–3 and AR 40–501).

e. MMRB Convening Authority (MMRBCA). The MMRBCA appoints an MOS/Medical Retention Board (MMRB) to evaluate soldiers within his or her command or administrative control. Unless otherwise delegated, the MMRBCA refers soldiers to the MMRB, and acts upon findings and recommendations of the MMRB.

f. Commander, US Army Reserve Personnel Center (Cdr, ARPERCEN). The Cdr, ARPERCEN will—

(1) Coordinate all policies and procedures affecting USAR personnel with CG, MILPERCEN.

(2) Be the final decision authority in medical reclassification cases for all USAR members on active duty under other than AR 135–210.

Chapter 2
Deployability Status

2–1. Evaluation process
a. The PPES is a program designed to evaluate soldiers with permanent medical conditions or impairments to determine if they can perform satisfactorily in their PMOS or specialty code in a worldwide field environment. The PPES provides for an MMRB to serve as an administrative screening board to make this determination. The system ensures continuity of effort among commanders, doctors, personnel managers, and the physical disability system. It provides the MMRB convening authority with increased flexibility to determine a soldier's deployability, reclassification potential, or referral to the Army's physical disability system. The MMRB evaluation process is not intended to be used as a quality assessment of leadership, degree of technical skill, or promotion potential. MMRB recommendations should only be based on a soldier's physical ability to reasonably perform in PMOS or specialty.

b. Current Army policy requires that a soldier be capable of performing the duties of his or her office, grade, rank, or rating under worldwide field conditions. The PPES allows field commanders to evaluate the physical abilities of soldiers using the Army's management standard of worldwide deployability under field conditions. In order to perform in a worldwide field environment, soldiers should be reasonably capable of accomplishing basic soldier physical tasks (FM 21–2). Additionally, there are physical tasks of varying difficulty that must be accomplished in order to satisfactorily perform in a specific MOS and skill level (AR 611–201, appendix B). It must be clearly understood that the standards in AR 611–201 and FM 21–2 are only guidelines to be used by an MMRB of what should reasonably be expected of a soldier in any worldwide job assignment. When the published physical standards are insufficient or not available as in the case of commissioned officer specialty codes and warrant officer MOS, the MMRB will have to use their own experience, common sense, and judgment in deciding what should normally be expected of that soldier. The overriding consideration by the MMRB is if the soldier possesses the physical ability to perform PMOS or specialty code assignments worldwide under field conditions. It should be noted that certain medical conditions may restrict soldiers from full participation in unit physical training programs and the standard three event Army Physical Readiness Test (APRT). Although participation in unit physical training and passing the APRT are MMRB considerations, referring a soldier for further evaluation in the disability system based only on these factors is inappropriate.

c. Once referred to the MMRB, direct observation, evaluation, and the application of physical standards will be the determining factors in adjudicating a soldier's ability to perform satisfactorily.

d. All soldiers who are issued a permanent physical profile with a numerical factor of "3" in one or more of the physical profile serial (PULHES) factors will be mandatorily referred for evaluation to an MMRB. Notwithstanding a previous decision rendered by USAPDA, all soldiers with a numerical "4" in one or more of the PULHES factors prior to 1 July 1984 will be mandatorily referred for evaluation to an MMRB. All soldiers who are evaluated by the disability system (AR 635–40) after 1 July 1984 do not require MMRB referral. However, if after an appropriate period of evaluation (120 days is recommended) it is determined that the soldier is incapable of performing PMOS or specialty duties, or the soldier's medical condition deteriorates, the soldier may be referred to an MMRB. Soldiers with a numerical factor of "2" in one or more of the PULHES factors will not be referred to the MMRB. However, if the assignment limitations are overly restrictive the soldier should be referred to the medical community for permanent profile reevaluation. This will result in better alignment of the numerical factor and the specific assignment limitations. Soldiers possessing temporary medical conditions resulting in the issuance of a temporary profile will not be referred to an MMRB.

e. The MMRB is an administrative screening board charged with the responsibility of comprehensively evaluating a soldier's ability or inability to physically perform PMOS or specialty code tasks in a worldwide field environment. On completion of the evaluation, the MMRB will recommend to the convening authority—

(1) A soldier's retainability in PMOS or specialty code.

(2) The requirement to be reclassified.

(3) Probationary status.

(4) Referral to the Army's physical disability system.

f. General officers possessing a permanent physical profile with a "3" or "4" in one or more of the PULHES factors will not be mandatorily referred to an MMRB. However, a general officer may be referred to an MMRB at the discretion of the convening authority. When physical performance is in question, a general officer's chain of command will be responsible for initiating a special evaluation process in coordination with medical authorities and the General Officer Management Office (DAPE–GO). If boarded an MMRB may only recommend retention or referral to the disability system. Changes of assignment to

better align a general officer's profile and career background will be a GOMO responsibility.

g. Soldiers who have a condition listed in chapter 3, AR 40–501, will be referred for physical disability evaluation. Soldiers with permanent profiles resulting from combat wounds are not exempt from program evaluation. If a combat wounded soldier is physically incapable of performing PMOS or specialty code duties worldwide and under field conditions and reclassification or probationary status are not warranted, it is the responsibility of the MMRBCA to refer the soldier into the disability system. Combat wounded soldiers referred by an MMRB to the disability system (the inability to perform PMOS/specialty code duties based on wounds received in combat) will be afforded the opportunity to apply for Continuance on Active Duty (chapter 6, AR 635–40).

h. Soldiers with approved service retirements, DA or locally imposed bars to reenlistment, or pending administrative separation are not required to be evaluated by an MMRB. However, if the soldiers have sufficient time in service remaining to be eligible for reassignment, and the soldier receives assignment instructions, he or she will be referred to an MMRB. (see para 2–6.)

2–2. Physical profile serial

a. AR 611–201 establishes the physical profile serial (PULHES) used in determining the initial selection of basic combat trainees (including enlistees for MOS options) for advanced individual training. The profile established at the Military Entrance Processing Station (MEPS) is the basis for determining initial training assignments for all personnel new to the service.

b. The PULHES listed in AR 611–201 for each MOS will not be used as a basis for determining PMOS retention, disqualification, reclassification, or change in specialty code, solely because a soldier is issued a profile with a "3" or "4" in one or more of the PULHES factors. Permanent profiles identify in-service soldiers who have medical problems that may limit their ability to perform the full range of PMOS or specialty code duties in a worldwide field environment. The issuance of a profile indicates to the commander that a detailed review of the medical condition is appropriate.

2–3. Issuance of permanent profile

a. On issuance of a permanent physical profile (DA Form 3349 (Physical Profile Record)), the soldier's servicing medical treatment facility (MTF) will send copies to the following:

(1) Original and one copy to the soldier's unit commander.

(2) One copy to the soldier's Military Personnel Office (MILPO).

(3) One copy to the soldier's health record.

(4) One copy to the clinic file.

b. The soldier's servicing MILPO will (as a minimum) complete the following actions on receipt of a permanent physical profile with a numerical factor of "3" or "4" in one or more of the PULHES factors:

(1) Annotate the soldier's Personnel Qualification Record and make appropriate Standard Installation/Division Personnel System (SIDPERS) entries.

(2) File a copy of the medical statement in the permanent portion of the soldier's Military Personnel Records Jacket, US Army (MPRJ).

(3) Forward one copy to the soldier's Career Branch in MILPERCEN for those soldiers who have CMIF established at MILPERCEN or ARPERCEN for USAR soldiers.

2–4. Determinations

a. All soldiers regardless of their permanent medical condition and assignment limitations who can physically perform the full range of duties required in their PMOS or specialty code, worldwide and under field conditions, will be considered deployable.

b. Soldiers will be determined to be nondeployable effective the date—

(1) The MTF refers the soldier to a Medical Evaluation Board (MEBD).

(2) The MMRBCA refers the soldier to the Army's physical disability system.

(3) The MMRBCA recommends that the soldier be reclassified or change specialty code.

(4) The MMRBCA places the soldier in a probationary status.

c. Soldiers in a nondeployable status are questionably fit for retention on active duty and must be considered to have temporarily or permanently lost qualification in their PMOS or specialty code.

2–5. Reenlistment/Career status

a. Reenlistment (enlisted). Soldiers pending MMRB action may not reenlist. The soldier, if otherwise eligible, may be voluntarily extended prior to Expiration Term of Service (ETS) until a final determination is made by the MMRB. If retained in PMOS, reclassified in another MOS, or found fit by USAPDA, reenlistment will not be denied solely because of MMRB processing.

b. Career status (officers). Officers pending MMRB action may apply and be considered for Conditional Voluntary Indefinite (CVI), Voluntary Indefinite (VI) or Regular Army status. However, final approval will not be made and the Regular Army oath of office will not be executed until MMRB action has been finalized.

2–6. Assignments

a. Soldiers in a deployable status are eligible for worldwide assignment, if otherwise qualified. Prior to proceeding on assignment instructions, all soldiers possessing a "3" or "4" permanent physical profile will be evaluated by an MMRB. Soldiers on assignment instructions will be promptly processed by the MMRB. Requests for deferment or deletion will be forwarded to MILPERCEN or ARPERCEN (DARP–ZAO) per DA Pam 600–8–10 when the MMRB recommends probationary status, reclassification, or referral to the Army's physical disability system. Soldiers will not proceed on assignment instructions until a final determination is made by MILPERCEN or ARPERCEN.

b. Soldiers required to appear before an MMRB must be boarded and MMRB action finalized prior to attendance at training courses. If retention or reclassification is approved, the soldier will be authorized to attend the appropriate course and will be required to participate in training up to the limits of the profile.

Chapter 3
Convening Authority, Membership, Procedures, and Recommendations

3–1. Convening authority

a. Officers exercising general court-martial convening authority are authorized to convene an MMRB and take final action on MMRB recommendations. This authority may be delegated as follows:

(1) To another general officer on his or her staff.

(2) To the first general officer in the soldier's chain of command.

b. All delegations will be in writing, and will be valid until revoked in writing. Every action taken according to such delegation will state that the action is taken "pursuant to delegation of authority by dated ."

c. The authority granted under *a* above may be withheld by a higher MMRBCA in a particular case or class of cases. Such authority will be in writing and will be valid until revoked in writing.

d. The authority to take administrative action in connection with the processing of cases under this regulation may be delegated to a commissioned or warrant officer on the MMRBCA staff. No written delegation is necessary. (Final decision authority may not be delegated except as authorized in *a* above.) This authority includes but is not limited to—

(1) Appointment of board members determined by the MMRBCA.

(2) Referring individual soldiers to an MMRB.

(3) Administratively processing board recommendations (see para 3–5 for required review).

(4) Take action on approved or disapproved board recommendations.

3–2. Membership

a. The MMRB convening authority will appoint an MMRB as required. (See fig 3–1.)

b. Voting and nonvoting Army members comprise the MMRB. The voting members will be in the grades as indicated below. Members in a promotable status to the grade authorized may serve on the MMRB.

Further grade substitution is not authorized. In the case of a female soldier, the MMRB will, upon the written request of the soldier, include a female voting member if reasonably available.

(1) Voting members are as follows:

(a) President. The board president will be a commissioned officer in the grade of colonel (06).

(b) Medical officer. The medical officer will be a commissioned officer in the grade of colonel (06) or lieutenant colonel (05) or civilian doctor designated by the MEDCEN/MEDDAC commander when a medical officer is not reasonably available. The medical officer regardless of date of rank or civilian doctor will not be the president of the board. Limited authority to approve or disapprove exceptions regarding only the grade of medical corps officers and utilization of civilian physicians as members of MMRB is delegated to—

(1) Commander, USA Health Services Command.

(2) Commander, 7th Medical Command.

(3) Commander, 18th Medical Command.

Further delegation is not authorized. Exception authority will only be used in isolated instances where military exigencies prevent compliance with the medical officer grade requirement. Exceptions will not be granted to allow either a Medical Corps officer below the grade of Major or a Reserve component Medical Corps officer not on active duty to serve as a member of the MMRB.

(c) Board officers (two). Board officers will be Combat Arms, Combat Support, or Combat Service Support Officers in the grade of lieutenant colonel (05). Judge Advocate General, Chaplain, or Medical Corps officers will not be appointed as voting members, except as provided in *(e)* below.

(d) Noncommissioned officer. A command sergeant major (CSM) (E9) will be appointed as a voting member of the board. When a CSM is not reasonably available, the MMRB convening authority may appoint a sergeant major (SGM).

(e) Other. When a commissioned or officer appears before the MMRB, one additional officer in the grade of lieutenant colonel (05) will be added to the voting membership replacing the CSM or SGM. The additional officer member will (if reasonably available) be of the same branch or service or corps as the officer appearing before the board. If the officer appearing before the board is a warrant officer, the additional member will be a chief warrant officer three or four (CW3 or CW4), preferably with the same MOS. If the officer appearing before the board is a member of the Judge Advocate General or Chaplain Corps, the additional voting member will be a member of that officer's Corps. All voting members will be senior in grade and/or date of rank to the soldier appearing before the MMRB unless MILPERCEN (DAPC-EPA-D) has approved a MMRB-CA request for an exception based upon military exigencies.

(2) Nonvoting members are as follows:

(a) Personnel officer. The personnel officer will be a commissioned officer, warrant officer or DA civilian equivalent serving as a personnel officer or adjutant in a brigade or equivalent size unit or higher. Normally the personnel officer will be a non MILPO asset. The personnel officer will advise the MMRB concerning the personnel policy and procedures.

(b) Recorder. The recorder will normally be a non MILPO enlisted member and will assist the president in assembling records for the board and preparing a record of the proceedings.

(c) Other. The convening authority may appoint additional nonvoting members to the board to ensure a fair hearing.

3–3. Board actions

a. Prior to the hearing. When an MMRB is appointed, the following actions will take place:

(1) The MMRB convening authority or his delegatee will refer the soldier to an MMRB.

(2) The recorder is the official representative of the MMRB convening authority and will ensure all necessary administrative actions are accomplished.

(3) The recorder is authorized to obtain all health records and personnel records of those individuals identified to appear before an MMRB. The recorder will officially request that the MTF assemble the health records of individuals to appear before the MMRB. The MTF will also have a physician screen each record to determine if the permanent profile is current or if a physical evaluation of the individual is necessary to allow the MMRB to reach a proper decision. If a reevaluation is required, the recorder will ensure that this is accomplished prior to the scheduling of the soldier for an MMRB appearance. If medical authorities determine that the soldier's medical condition warrants a Medical Evaluation Board, the soldier should be processed accordingly, with no referral to an MMRB.

(4) The recorder will prepare an MMRB worksheet for each board member prior to the hearing. (See fig 3–2.) The purpose and use of the MMRB worksheet is covered in (2) below.

(5) The recorder of the MMRB will—

(a) Notify the soldier in writing of the scheduled hearing. (See fig 3–3.)

(b) Notify the board members and personnel advisor of the date, time, and place of the hearing.

(c) Assemble all records to include the soldier's MPRJ, medical records, commanders evaluation of the soldier's performance, and any other pertinent documents for board review.

(d) Obtain a written acknowledgment from the individual concerned of the MMRB appearance notification and provide the soldier a copy of the commander's evaluation and other pertinent documents. The soldier may waive personal appearance before an MMRB. (See fig 3–4.)

(e) Prepare a summary of the board proceedings when the hearing is completed. (See fig 3–9.)

b. Scheduling the hearing. The MMRB recorder will schedule the sequence of appearance of soldiers before an MMRB. Normally, all soldiers required to appear before an MMRB that are within 180 days of ETS or on assignment instructions will be referred to the MMRB for prompt action. In areas where soldiers are not geographically located with their commands, procedures should be coordinated with other convening authorities to allow the boarding of these soldiers at the nearest installation or command. Soldiers geographically separated from the command responsible for convening an MMRB may, at the discretion of the command, be boarded in absentia. Initial findings of the MMRB will then be referred to the soldier in writing. The soldier will be allowed a reasonable period of time (30 days is considered reasonable) to obtain additional statements and request personal appearance before the board if he or she disagrees with the initial findings of the board. If the soldier requests personal appearance after the initial MMRB determination, he or she will be afforded that right. If the soldier who was boarded in absentia elects to submit only statements in rebuttal and to waive personal appearance, he or she cannot later request a personal appearance after the MMRBCA has taken action on the MMRB recommendation. The president of the MMRB will establish the date, time, and place of the hearing, subject to allowing the soldier 7 working days after notification to obtain statements and witnesses on his or her behalf.

c. The unit commander. The unit commander will write an evaluation of the soldier's physical capability and the impact the limitations of the permanent profile have on the full range of PMOS or specialty code duties. (See fig 3–5.) Unit commanders will forward this evaluation to the MMRB after notification that a member of his or her command is to appear before an MMRB. In those circumstances when the commander is junior in grade to the soldier being evaluated, comments provided by the soldier's supervisor or rater are appropriate. Senior commanders may provide forwarding comments if appropriate. (See fig 3–6.)

d. Conduct of proceedings.

(1) The MMRB is not an adversary board but will be conducted formally. It is an administrative screening board to determine a soldier's ability to perform PMOS or specialty code duties satisfactorily. A written transcript of oral testimony of the proceedings is not required. AR 15–6 does not apply but may be consulted for general guidance.

(2) The personnel officer will give the board a brief verbal summary of each soldier appearing before the board. The MMRB worksheet may be used in part or total to facilitate the summary process. Each voting member can use the worksheet to make notes on each case. This summary

should include the PMOS or specialty code, current assignment, and other pertinent facts so as to familiarize the board with each soldier. A copy of the soldier's DA Forms 2a and 2–1 (Personnel Qualification Record) or DA Form 4037 (Officer Record Brief) may be provided to each board member. Each board member may review the MPRJ.

(3) The medical officer will brief the MMRB on the pertinent aspects of the soldier's profile prior to the soldier appearing before the board to familiarize the board with all information relevant to the soldier's medical condition.

(4) The president will advise each soldier appearing before the board of the purpose of the MMRB and tell how the hearing will be conducted.

(5) Each member of the board will review all documents and other correspondence that applies to the soldier's case.

(6) Each soldier will appear before the board separately and may be accompanied or represented (if boarded in absentia) by a commissioned, warrant or noncommissioned officer of his or her choosing with that person's consent (e.g., soldier's supervisor or members of the chain of command who can provide the board with an appraisal of the soldier's physical ability to perform in PMOS or specialty code). Legal counsel is not authorized. The soldier may present facts and call witnesses relevant to his or her physical performance, current MOS, and reclassification preference. (See fig 3–7.) Each soldier appearing before the board will be encouraged to talk freely so that all pertinent facts are revealed. However, a soldier will not be required to make an oral or written statement relating to the origin, incurrence, or aggravation of a disease or injury that he has.

(7) The soldier's physical ability and limitations will be fully considered in the board's decision. The board will fully consider the unit commander's evaluation, the soldier's own statement, any facts presented by individuals that appear before the board, and other information prior to reaching a decision.

(8) The board must compare those physical tasks that the soldier is incapable of performing with the physical requirements of the soldier's PMOS or specialty code. The board members will use their own experience, common sense, and judgment in determining whether the soldier can perform worldwide under field conditions. If necessary, the board may have individuals appear during the MMRB proceedings who can provide the necessary insight into the physical requirements of a particular officer or enlisted specialty.

(9) The board may defer action or reschedule a case until it has enough information to submit a recommendation.

3–4. Board recommendations

a. On completion of the hearing, the board will be closed for deliberation. The voting members will decide the findings and recommendations according to policies stated in this regulation. Voting will be conducted in a closed session, the majority of the five voting member's votes constituting the boards findings and recommendation. Each board member should record any specific comments about the case in the comments section of the MMRB worksheet and will record his or her vote in the appropriate space at the bottom of the worksheet. The recorder will collect the MMRB worksheet from each board member for use in preparing the summary of board proceedings. Since a written transcript of oral testimony is not required, the summary of board proceedings is the single most important document produced by the MMRB. When a soldier is retained in PMOS or specialty, the summary and decision are filed permanently in the soldier's Official Military Personnel File. If a soldier is recommended for reclassification, change in specialty, or referred to the disability system, a detailed summary provides invaluable information necessary for the Army to make a final decision concerning the soldier. As a minimum the summary will include—

(1) A detailed explanation of the board's rationale for their recommendation.

(2) When recommending reclassification, change in specialty, or MEBD/PEB referral, citing the circumstances or evidence which documents how the soldier's medical condition has prevented his or her performance in PMOS or specialty.

(3) Concurrence or nonconcurrence with the commander's or supervisor's evaluation of the soldier's ability to perform and reason.

b. The MMRB will recommend to the convening authority one of the following:

(1) *Retain current PMOS or specialty code.* The soldier's medical condition does not preclude satisfactory performance of PMOS or specialty code physical requirements in a worldwide field environment. The soldier is fully deployable.

(2) *Be placed in a probationary status.* A probationary condition is any impairment due to disease or injury that reduces or prevents a soldier from performing PMOS or specialty code duties in a worldwide field environment, but may be improved enough through a program of rehabilitation and physical therapy for the soldier to become deployable worldwide. A probationary status will not be recommended when the MMRB determines that a soldier's medical condition cannot be reasonably improved through a program of rehabilitation and physical therapy for the soldier to become worldwide deployable. The probationary period will not exceed a 6-month period. The MMRB may recommend that the soldier be reevaluated by medical authorities at specific intervals during the probationary period. The unit commander will evaluate the soldier's progress after 90 days (or as directed by the MMRBCA). If progress is not noted or at the end of the probationary period the commander will recommend that the soldier be referred back to an MMRB. To the maximum extent possible, rereferral should be to the MMRB which originally recommended probation. Inability to do so because of the absence of one or all members of the prior MMRB will not preclude referral to a different MMRB. However, in such cases available members from the previous board should be appointed to the MMRB to which the soldier is referred. At the end of the probationary period, the MMRB must make a recommendation to—

(a) Retain the soldier in PMOS or specialty code.

(b) Reclassify or change specialties, if otherwise qualified.

(c) Refer the soldier to the Army's physical disability system.

(3) *Recommend reclassification or change in specialty.* The recommendation for reclassification or change of specialty codes will be made only when the soldier cannot physically perform the full range of PMOS or specialty code duties, but possesses the physical ability to perform in a current shortage or balanced MOS or specialty code. The soldier must meet all qualifications of the new MOS or specialty code, and reclassification or change in specialty code must be in the best interest of the Army and the individual. Reclassification or change of specialty code should not be recommended for soldiers when retraining requirements would not be cost effective.

(a) In recommending reclassification or change in specialty potential, the MMRB will consider—

1. Expected value to the Army in a new PMOS or specialty.

2. Commander's comments.

3. Worldwide deployability.

4. Past and present job performance.

5. Prior military and civilian training and experience.

6. ASVAB scores (for enlisted soldiers only).

(b) If reclassification or change in specialty code is the appropriate course of action, the MMRB will provide justification and recommendations to the MMRB convening authority for forwarding to MILPERCEN. (DAPC–EPT–H for enlisted, DAPC–OPA–C for officers or ARPERCEN, DARP–ZAO for soldiers under ARPERCEN management.)

(4) *Referral to the Army's physical disability system.* The soldier's assignment limitations or medical condition preclude satisfactory performance in any MOS or specialty code for which the Army has a requirement in a worldwide field environment.

c. The board, after deliberation, will inform the soldier of the findings and recommendations. The soldier will be advised that the board's action will not become final until it has been reviewed and then approved by the MMRB convening authority. The soldier will also be informed that he or she may submit a written rebuttal to any of the findings or recommendations. The rebuttal

will be in writing and submitted to the recorder within 2 working days after the board adjourns. (See fig 3–8.) A minority report by dissenting board members may be submitted in writing with the findings and recommendations. A summary of the board proceedings will be forwarded to the MMRB convening authority and will be provided to the soldier upon request. (See fig 3–9.)

3–5. Convening authority action

a. The convening authority will ensure all cases forwarded by the MMRB are reviewed. The review of the cases may be delegated to an officer on the MMRBCA's staff in the grade of major (04) or higher; however, the decision authority may not be delegated.

b. The review will ensure that—

(1) The soldier received a full and fair hearing.

(2) Proceedings of the MMRB were conducted in accordance with this regulation.

(3) Records of the case are accurate and complete.

c. After consideration of the MMRB's findings and recommendations and any rebuttal, the convening authority may—

(1) Approve the findings and recommendations of the MMRB and forward the case to the soldier's servicing MILPO for further processing.

(2) Disapprove the findings and recommendations and return the case to the same or another MMRB for clarification, further investigation, more facts, or other action as appropriate.

(3) Disapprove the findings and recommendations and take other action as appropriate. The convening authority will then forward the case to the soldier's servicing MILPO for further processing. (See fig 3–10.)

3–6. Military personnel office action

The MILPO will process the case per instructions from the convening authority. Four different decisions may be rendered by the convening authority and will be processed accordingly.

a. Retain in PMOS or specialty code.

(1) File MMRB summary of proceedings and decision (without enclosures) in the permanent section of the MPRJ.

(2) Forward one copy of the MMRB proceedings and decision to the soldier through his or her chain of command.

(3) Forward one copy of the MMRB summary of proceedings and decision to the soldier's career branch (without enclosures) for those soldiers who have CMIF established at MILPERCEN or ARPERCEN (DARP–ZAO for USAR).

(4) Forward one copy of the MMRB summary of proceedings and decision (without enclosures) for inclusion in the soldier's OMPF.

b. Place in a probationary status.

(1) File MMRB proceedings and decision in action pending section of the MPRJ.

(2) Retain copy of action for suspense file. At the completion of the designated probationary period or sooner, if determined by the commander, ensure the soldier is re-referred to an MMRB.

(3) Forward a copy of the MMRB decision and instructions through the soldier's chain of command to his unit commander. (See fig 3–11.)

c. Recommend reclassification or change in specialty code.

(1) File a copy of the MMRB proceedings and recommendation for reclassification or change in specialty code in the action pending section of the MPRJ.

(2) Interview the soldier to determine his or her MOS or specialty code preferences that relate to the proposed action. The soldier may present facts and documents (e.g., school transcripts, certificates, award of SMOS, AMOS, or additional specialties) as proof of training and experience.

(3) Forward one copy of the MMRB proceedings and decision to MILPERCEN (DAPC–OPA–C for officers and DAPC–EPT–H for enlisted) or ARPERCEN (DARP–ZAO for USAR). (See fig 3–12.) Ensure the following documents are included in the proceedings or are attached as enclosures to the forwarding indorsement:

(a) Updated copy of DA Form 2 and DA Form 2–1 or DA Form 4037.

(b) DA Form 3349 (Physical Profile Record) updated within past 12 months or verified as current by the doctor on the MMRB.

(c) Commander's or Supervisor's evaluation.

(d) Summary of MMRB proceedings. The summary must state the specific reasons why the soldier is incapable of continued performance in his or her PMOS or specialty.

(e) Any documents or statements pertaining to the soldier's physical capabilities or limitations.

(4) Upon receipt of the final reclassification decision from MILPERCEN or ARPERCEN, remove the suspense copy from the action pending section of the MPRJ. File one copy of the decision in the permanent section of the MPRJ and forward one copy for inclusion in the soldier's OMPF.

d. Refer to the Army's physical disability system.

(1) File a copy of the MMRB summary and decision in the action pending section of the MPRJ.

(2) Forward a copy of the MMRB summary and decision (with enclosures) through the soldier's commander to the servicing MTF commander. (See fig 3–13.) The soldier's unit will schedule the soldier for an appearance before the MEBD through the Physical Evaluation Board Liaison Officer (PEBLO) at the MTF.

(3) Place the action in suspense and forward to MILPERCEN (DAPC–OPA–C for officers and DAPC–EPT–H for enlisted) or ARPERCEN (DARP–ZAO for USAR) by electrical message, a status of the MEBD and PEB referral. (See fig 3–14.) Information to be included in the message is: name, rank, SSN, PMOS or specialty code, unit and its address or APO, PULHES, assignment limitations, and date soldier was referred to MTF. Upon receipt of the final decision from MILPERCEN, remove the suspense copy from the action pending section of the MPRJ and take action as indicated in the HQDA letter or electrical message.

(4) During the Medical Evaluation Board process, medical authorities may determine that the soldier's current assignment limitations are not appropriate and the result is the issuance of a less restrictive permanent physical profile. The Medical Treatment Facility will forward a copy of the new DA Form 3349 to the MMRBCA for reconsideration of the decision to refer the soldier to the disability system.

(a) If the profile contains a "3" or "4" in one or more of the numerical factors, the soldier should be reevaluated by the MMRB in light of the new assignment limitations.

(b) If the profile contains a "2" as the highest numerical factor no additional evaluation is necessary. The soldier will be notified and his or her personnel records will be annotated to reflect the profile change (see para 2–1*d* and para 2–3*b*).

(c) If the profile contains a "1" as the highest numerical factor, no additional evaluation is necessary. The soldier will be notified and his or her personnel records will be annotated to reflect the profile change (see para 2–3*b*).

(d) for *(b)* and *(c)* above, notify MILPERCEN (DAPC–OPA–C for officers and DAPC–EPT–H for enlisted) or ARPERCEN (DARP–ZAO for USAR) of the profile change.

3–7. US Army Military Personnel Center action

MILPERCEN will—

a. Take final action on the reclassification or change in specialty code recommendation.

b. Manage referred reclassification or change in specialty actions to place the soldier in an MOS or specialty in which the Army has a requirement and afford the soldier appropriate training considerations.

c. Coordinate the reclassification or specialty training requirements and assignment instructions and transmit this information to the soldier's servicing MILPO by letter or electrical message.

d. When a soldier does not qualify for a new MOS or specialty code, direct referral to the Army's physical disability system. Reclassification for the sole purpose of providing soldiers with continued military service without regard to Army needs is not an option. In some cases, MILPERCEN may return the reclassification recommendation to the MMRBCA requesting addtional information, clarification, or request the MMRBCA reconsider his or her decision

based on additional information provided by MILPERCEN.

e. Normally, reclassification recommendations will receive favorable consideration when the soldier meets the following criteria—

(1) E6 and below.

(2) Mentally qualified for a shortage or balanced MOS.

(3) Physically qualified for retraining.

(4) Otherwise qualified for reenlistment.

(5) Less than 16 years active federal service.

f. The following are common reasons for unfavorable reclassification consideration—

(1) Severity of profile (e.g. no lifting over 10 pounds).

(2) Low ASVAB scores.

(3) Senior NCO with over 16 years active federal service if it appears that the soldier may be appropriate for continuance on active duty in his current MOS.

(4) Bar to reenlistment.

(5) Poor performance not related to the soldier's medical limitations.

Chapter 4
Physical Disability System

4–1. Physical fitness determination

When it is determined that a soldier cannot satisfactorily perform in a worldwide field environment in his or her MOS or specialty code because of a medical condition, the soldier will be referred to the Army's physical disability system for a determination of physical fitness. AR 635–40 provides detailed procedures and policies of the physical disability system. This chapter provides an overview of key policies and procedures of the physical disability system.

4–2. Procedures

a. After a Medical Evaluation Board (MEBD) is held in accordance with AR 40–3, a Physical Evaluation Board (PEB) holds an informal hearing to determine if the soldier is physically fit to continue to perform the duties of his or her office, grade, rank, or rating in a worldwide field environment. The soldier may concur or nonconcur with the findings and may demand a formal PEB. A formal PEB determines if the soldier is physically fit and may revise its initial determination based upon any nonconcurrence or rebuttal provided by the soldier. On completion of the PEB process, the soldier's case is forwarded to the United States Army Physical Disability Agency (USAPDA) for review.

b. On receipt of the soldier's case by USAPDA, the Disability Review Council (DRC) reviews the case to ensure compliance with AR 635–40. If USAPDA approves the PEB findings and recommendations, the case is forwarded to MILPERCEN for appropriate disposition. If USAPDA modifies the findings and recommendations, the soldier is provided the opportunity to concur, request a formal PEB if not previously demanded, or rebut the modification. The Physical Disability Appeals Board resolves cases involving modified findings and recommendations when the soldier disagrees with such action, and the case is forwarded to MILPERCEN for appropriate action.

4–3. Disability benefits and severance pay

a. A soldier determined to be physically unfit who has a stabilized disability rated at a minimum of 30 percent, or who has at least 20 years active service regardless of the disability rating, is placed on the permanent disability retired list (PDRL).

b. A soldier determined to be physically unfit who otherwise would be placed on the PDRL and who has a disability that has not stabilized is placed on the temporary disability retired list (TDRL) for a maximum period of 5 years.

c. A soldier who is physically unfit but who has a disability rating of less than 30 percent for a disability incurred in line of duty is separated with disability severance pay.

d. A soldier who is physically unfit because of a disability not incurred in line of duty or not aggravated by active service is separated without entitlement to disability benefits or severance pay.

4–4. Continuation on active duty (COAD)

Although otherwise ineligible for further active duty, a physically unfit soldier may apply for COAD under the provisions of AR 635–40, chapter 6 for the active Army and chapter 8 for the USAR. Soldiers undergoing MEBD or PEB evaluation may submit a request for COAD through the physical disability system to MILPERCEN. MILPERCEN may approve COAD if continued service despite a medical disqualification is in the best interest of the Army.

4–5. Presumption of fitness

a. A soldier is presumed physically fit when commissioned, appointed, enlisted, or entered on active duty. This presumption continues throughout the soldier's career unless an injury or disease is incurred that prevents satisfactory performance of duty. If the soldier remains on active duty until his or her scheduled nondisability separation or retirement, he or she is presumed to be physically fit at the time of separation or retirement.

b. A soldier with a medical condition that prevents the full accomplishment of the duties required by the soldier's MOS or specialty code should not be transferred to a less demanding duty position or allowed to perform only a part of the required duties in order to allow the soldier to continue to serve on active duty. Such medical conditions also should not be minimized during periodic physical examinations. Referral to an MMRB or to the Army's physical disability system is necessary to ensure that a soldier can perform satisfactorily the duties of his or her MOS or specialty worldwide under field conditions. This referral will also ensure that a soldier who may be eligible for disability benefits or severance pay is not precluded from such entitlements by the presumption of fitness that applies at the time of nondisability separation or retirement.

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division and Fort Defense
Fort Defense, Virginia 12345

ABCD-AG 3 November 1983
SUBJECT: Appointment of MOS/Medical Retention Board

Colonel Robert A. Brown
Headquarters and Headquarters Company
1st Infantry Brigade
99th Infantry Division
Fort Defense, VA 12345

1. A board of officers and noncommissioned officers is hereby appointed to constitute the 99th Infantry Division and Fort Defense MOS/Medical Retention Board. This board will recommend whether soldiers referred to the board should be retained in their MOS or specialty code, placed in a probationary period for further evaluation, reclassified/change in specialty code, or referred to the Army's Physical Disability System.

2. The following members are appointed to the board:
Colonel Robert A. Brown, HHC, 1st Inf Bde, 99th Inf Div, Fort Defense, VA 12345 Member (President)
Colonel Calvin B. Parsons, HHC, 1st MEDDAC, Fort Defense, VA 12345 Member (Medical Officer)
LTC George B. Jones, HHC, 1st BN, 1st Inf, 99th Inf Div, Fort Defense, VA 12345 Member
LTC Ira F. Solomon, HHC, 3rd Bn, 2nd Inf, 99th Div, Fort Defense, VA 12345 Member
MAJ Ralph G. Johnson, 99th AG Company, 99th Inf Div, Fort Defense, VA 12345 Member Without Vote (Personnel Officer)
CSM Thomas F. Scott, HHC, 123rd Transportation Bn, 99th Inf Div, Fort Defense, VA 12345 Member
SSG David R. West, 99th AG Company, 99th Inf Div, Fort Defense, VA 12345 Recorder (Without Vote)

3. The MMRB will meet at the call of the President. It will utilize the procedures set forth in the Physical Performance Evaluation System, AR 600-60. The MMRB is not an adversary board but will be conducted formally. It is an administrative screening board to determine a soldier's ability to satisfactorily perform PMOS or specialty code duties. The recorder will contact soldiers referred to the board by written correspondence.

4. Written transcripts of the proceedings are not required. However, reports of proceedings will be summarized, prepared in the format at AR 600-60, figure 3-9, and submitted to this headquarters, ATTN: ABCD-AG-PM. Reports will be submitted within 7 working days of the conclusion of each case. The Adjutant General's Office will furnish necessary administrative support for the board.

5. The board will serve from 17 Nov 83 until further notice. All soldiers referred to the board during this period will be evaluated prior to the adjournment of the board. The board president will determine the time and place of board hearings.

FOR THE COMMANDER:

RICHARD P. PRESLEY
Lieutenant Colonel, AGC
Adjutant General

Copies Furnished:
COL Parsons
LTC Jones
LTC Solomon
MAJ Johnson
CSM Scott
SSG West

Figure 3-1. Sample appointment letter

MMRB WORKSHEET

Name:
Grade/DOR:
Unit:
Age/DOB:
BASD:
ETS:
PMOS/SMOS/AMOS or
Initial Specialty/Additional Specialty:
SQT Date/SQT Score:
Current Profile/Assignment Limitation:

Comments:

Recommendation for voting members only:
a. Retain in PMOS/Specialty code:
b. Probationary status:
c. Reclassification/Change in specialty code:
d. MEBD/PEB:

Board member's name/date:

Figure 3–2. Sample MMRB worksheet

ABCD-AG-PM Notification of MOS/Medical Retention Board Proceedings

THRU	Commander 3rd Bn, 3rd Inf 99th Inf Div Fort Defense, VA 12345	Commander 99th Inf Div ATTN: ABCD-AG-PM Fort Defense, VA 12345	8 November 83 SFC Jones/aaa/51270
THRU	Commander Co A, 3rd Bn, 3rd Inf Fort Defense, VA 12345		
TO	SGT George R. Sewell Co A, 3d Bn 3d Inf Fort Defense, VA 12345		

1. SGT George R. Sewell, 123-45-6789, 11B20, a member of your command, has been identified as possessing a permanent physical profile with a "3" or "4" in one or more of the PULHES factors. According to Army policy, all soldiers in this category will appear before a locally constituted MOS/Medical Retention Board (MMRB) to determine the soldier's ability to physically perform in a worldwide field environment.

2. Request you inform SGT Sewell that he is required to appear before the MMRB at 0800 hours, 22 November 1983. The soldier is required to sign the attached statement of notification and indicate the board appearance option of his choice. This statement will be returned as an inclosure to the commander's evaluation. The proceeding is scheduled to take place in Room 212, Building A3735. Duty uniform is required.

3. Each soldier referred to the MMRB will appear separately and may be accompanied by a person of his/her choosing with that person's consent. The soldier may present facts which are relative to his/her ability to physically perform PMOS or specialty code duties in a worldwide field environment. Each soldier appearing before the board will be encouraged to talk freely so that all pertinent facts are revealed.

4. The MOS/Medical Retention Board will be required to make one of four recommendations concerning each soldier:

a. Retain current PMOS or specialty code. The soldier's medical condition does not preclude satisfactory performance of PMOS or specialty code physical requirements in a worldwide field environment.

b. Place the soldier in a Probationary Period. The soldier has a medical condition which reduces or precludes his/her ability to perform PMOS or specialty code duties worldwide and in a field environment, but may be improved sufficiently to render the soldier worldwide deployable through a program of rehabilitation and/or physical therapy.

c. Recommend to Department of the Army the soldier be reclassified or change specialty code. The soldier's medical condition precludes satisfactory physical performance in his/her current PMOS or specialty code, but does not preclude retraining and performance in an MOS or specialty code in which the Army has a requirement.

d. Refer the soldier to the Army's Physical Disability System. The soldier's assignment limitations are so restrictive they preclude satisfactory physical performance in an MOS or specialty code in which the Army has a requirement.

5. Unit Commander's Evaluation. As the soldier's commander, you are required to submit in writing an evaluation of the soldier's ability/inability to physically perform PMOS or specialty code duties. This evaluation should be based on actual or reported observations of the soldier's performance. Your evaluation will become a permanent part of the MMRB proceedings and is vital to the evaluation process. Request you complete your evaluation and forward it so as to arrive at this headquarters no later than 18 November 1983.

FOR THE COMMANDER:

2 Inclosures
1. Copy DA Form 3349
2. Statement of Notification

STEPHEN G. MORTIARTY
CPT, AGC
Assistant Adjutant General

Figure 3-3. Sample notification to soldier

ACKNOWLEDGMENT OF NOTIFICATION

I hereby acknowledge receipt of this notification and I:

..... will be present for the MOS/Medical Retention Board at the time prescribed in CMT 1.

..... waive my right to appear before the MOS/Medical Retention Board. I realize by waiving my right to appear before the board that my personnel records, medical records, and commander's evaluation will be presented to the board. The board will make one of four recommendations indicated in CMT 1 and I will be informed of their recommendation at a later date.

..... *(Soldier's Signature)* .... *(Date)* .....

Figure 3–4. Sample acknowledgment of notification

Office Symbol (8 Nov 83)
SUBJECT: Notification of MOS/Medical Board Proceedings

THRU Commander
3d Bn, 3d Inf
99th Inf Div
Fort Defense, VA
12345

FROM Commander
Co A, 3d Bn, 3d Inf
99th Inf Div
Fort Defense, VA 12345

DATE CMT 2
SFC DODE/zzz/12345

1. SGT George R. Sewell, 123-45-6789, 11B20, has been informed that an MMRB will evaluate his ability to perform in PMOS 11B20 based on the limitations imposed by his permanent physical profile. SGT Sewell acknowledges notification and intends to appear before the MMRB on 22 November 1983.

2. SGT Sewell has been assigned to this company for approximately 22 months. During this time he was promoted to Sergeant based on his overall performance and potential as a team leader. At no time has the physical impairment limited his duties. I have received numerous reports from his supervisor and have personally observed his performance in a field situation. He proves daily that he can perform all physical tasks required of an infantry team leader. There is no doubt in my mind that SGT Sewell can physically perform any time, any place, or under any conditions.

1 Incl
Soldier's Acknowledgement
of Notification

FREDERICK B. FALLON
Captain, Inf
Commanding

Figure 3–5. Sample of unit commander's evaluation

Office Symbol (8 Nov 83)
SUBJECT: Notification of MOS/Medical Retention Board Proceedings

TO Commander
99th Inf Div
ATTN: ABCD-AG
Fort Defense, VA
12345

FROM Commander
3rd Bn, 3rd Inf
99th Inf Div
Fort Defense, VA 12345

DATE CMT 3
SFC DOE/xxx/123-5456

1. Strongly recommend retention of PMOS 11B20.

2. I totally agree with CPT Fallon's evaluation of SGT Sewell's physical performance. SGT Sewell is a dynamic member of this unit. Although he does have a hearing impairment, at no time has it interfered with his ability as an Infantry team leader. Last month SGT Sewell's team placed first in the annual Small Unit Tactics Competition. I attribute this outstanding accomplishment to SGT Sewell's ability to train, lead, and motivate his men. This is the type of soldier who proves his abilities daily.

1 Incl
nc

THOMAS E. EDWARDS
LTC, Inf
Commanding

Figure 3-6. Sample of forwarding comment

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division and Fort Defense
Fort Defense, Virginia 12345

16 November 1983

MEMORANDUM FOR THE PRESIDENT OF THE MOS/MEDICAL RETENTION BOARD

SUBJECT: Personal Statement

1. Preparatory to meeting this board, I would like with the board's permission to present my case in the following manner.

a. I have asked ..... to act as my representative in these proceedings and to assist me in presenting matters to the board. As such, ... will read statements from my former, and current, chain of command. Copies of these statements will be provided for the board"s perusal.

b. I will read my prepared statement.

c. I will answer questions of the board.

d. Finally, (I) ..... will present a summation in my behalf.

2. My prepared statement reads as follows:

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

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

c. Specifically:

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

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

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

d. My knee was initially injured while preparing to conduct cross country ski training for ROTC cadets at University. Although this training did not fall within the parameters of being a supply sergeant, I had readily accepted the challenge from the military science professor. Following the injury, and subsequent surgery, I missed very few days of work due to pain but, rather, worked while on crutches and continued to seek ways to expand. I voluntarily terminated my convalescent leave 3 weeks early in order to attend the recruiter course.

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

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

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

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

(Soldier's Signature)

Figure 3–7. Sample of soldier's statement

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division and Fort Defense
Fort Defense, Virginia 12345

24 November 1983

SUBJECT: Rebuttal of MOS/Medical Retention Board Findings of

THRU: President, MOS/Medical Retention Board

TO: Commander
99th Infantry Division
Fort Defense, VA 12345

1. On 22 November 1983, there was a mandatory review of my medical profile by the MOS/Medical Retention Board. The recommendations of the board were that my case be referred to the Army's physical disability system for a determination of my fitness to remain in the United States Army.

2. The purpose of the review is to evaluate soldiers with permanent medical conditions that would preclude satisfactory physical performance in their PMOS in a worldwide field environment. To be considered worldwide deployable under field conditions a soldier should be physically capable to perform all tasks listed in the Soldier's Manual of Common Tasks (FM 21-2). Furthermore, the service member should meet a number of minimum physical standards that have been developed by the Soldier Support Center-National Capital Region, for each MOS and skill level.

3. The standards required for MOS 71 DELTA, Skill Level 5, are as follows:

a. Occasionally stands, stoops, and kneels for a period of 4 hours.

b. Frequently sits for 8 hours.

c. Must possess dexterity in both hands.

d. Reviews documents.

e. Verbally provides assistance and instructions.

There is no obstacle in my current physical profile that would not enable me to satisfy and complete each of these required tasks.

4. The diagnosis of my medical problem is spinal stenosis (narrow spinal cord), lumbar region. The physical limitations placed upon me by that profile include no lifting of more than 25 pounds, no job requiring repetitive bending or twisting, and PT at my own pace. These physical limitations do not conflict or hamper my ability to complete all the standards for my PMOS and skill level nor do they prohibit me from adequate performance of any of the required soldier common skills testings.

5. There are approximately 45 E-8s and 14 E-9s in my PMOS in the United States Army. My current job responsibility and duties as Senior Legal NCO for the 99th Infantry Division, Staff Judge Advocate Office include: supervision of workflow; screening all distribution; reviewing all work for accuracy, completeness, neatness and proper arrangement; supervision of all 71 DELTA and ECHO enlisted personnel in the office; maintain the SJA suspense files; supervise records management functions and provide training therein; supervise the maintenance of the Law Library; maintain time and attendance records; develop manpower requirements; determine priorities and coordinate work assignments. This is a typical job description for an E-8 or E-9 71 DELTA assignment anyplace in the world. These duties currently parallel the physical standards set out above. There is nothing about my physical profile that has prohibited me from doing any of these tasks in the 99th Infantry Division, Staff Judge Advocate Office over the last 18 months. I do complete PT with the unit at my own pace. Finally, there is not one common skill task as set out in FM 21-2 that I cannot complete because of my physical profile.

Figure 3-8. Sample soldier's appeal

24 November 1983

SUBJECT: Rebuttal of MOS/Medical Retention Board Findings of

6. I feel the Board did not adequately compare my physical impairments as outlined in my medical profile with my skill level and MOS requirements. A close comparison will show that I am physically capable of meeting all of these requirements.

7. I see no reason why my case should be referred to the Army's physical disability system. It is my desire to complete my Army career. There is nothing in my current physical condition that will prohibit me from doing so.

8. I respectfully request that you reverse the findings of the Board.

(Soldier's Signature)

Figure 3–8. Sample soldier's appeal—Continued

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division And Fort Defense
Fort Defense, Virginia 12345

ABCD-AG

SUBJECT: Summary of MOS/Medical Retention Board Proceedings

Commander
99th Infantry Division and Fort Defense
Fort Defense, VA 12345

1. The 99th Infantry Division and Fort Defense MOS/Medical Retention Board was appointed by letter, dated 3 November 1983, a copy of which is attached. The board convened at Fort Defense, VA, on 22 November 1983 and met pursuant to the foregoing letter of appointment at 0800 hours.

2. Persons Present:
Colonel Robert A. Brown, President
Colonel Calvin B. Parsons, Medical Member
Lieutenant Colonel George B. Jones, Member
Lieutenant Colonel, Ira F. Solomon, Member
Major Ralph G. Johnson, Personnel Advisor
CSM Thomas F. Scott, Member
SSG David R. West, Recorder

3. Persons Absent:
None.

4. Sergeant George R. Sewell, 123-45-6789, 11B20, Company A, 3rd Battalion, 3rd Infantry, appeared before the board and was unaccompanied. All records, reports, and other pertinent information were reviewed.

5. FINDINGS: In the board proceedings concerning Sergeant George R. Sewell, 123-45-6789, the board carefully considered the evidence before it and finds:

a. (Provide a detailed explanation of the Board's rationale for their recommendation.)

b. (When recommending reclassification, change in specialty, or MEBD/PEB referral, cite the circumstances or evidence which documents how the soldier's medical condition has prevented his or her performance in PMOS or specialty.)

c. (Concurrence or nonconcurrence with the commander's or supervisor's evaluation of the soldier's ability to perform and reason.)

6. RECOMMENDATIONS: In view of the findings, the board recommends that Sergeant Sewell be retained in his PMOS, 11B20.

..... *(President)* .....

..... *(Recorder)* .....

Figure 3–9. Sample summary of board proceedings

ABCD-AG Sewell George R. 1st Ind
SSN: 123-45-6789( )
SUBJECT: Summary of MOS/Medical Retention Board Proceedings

Headquarters, 99th Infantry Division and Fort Defense, Fort Defense VA 12345

TO Commander, 99th Infantry Division and Fort Defense, ATTN: ABCD-AG, Fort Defense, VA 12345

1. The findings and recommendations of the MMRB pertaining to SGT George R. Sewell are approved. SGT Sewell will be retained and utilized in his current PMOS of 11B20.

2. A copy of this correspondence will be forwarded for inclusion in the soldier's MPRJ, OMPF, and CMIF for those soldiers who have CMIF established at MILPERCEN.

"Signed"
JOHN J. JONES
Major General, US Army
Commanding

Figure 3–9. Sample summary of board proceedings—Continued

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division and Fort Defense
Fort Defense, Virginia 12345

ABCD-AG 3 November 1983

SUBJECT: Record of MOS/Medical Retention Board (MMRB) Proceedings

Sergeant George R. Sewell
Company A, 3rd Battalion, 3rd Infantry
99th Infantry Division
Fort Defense, VA 12345

1. The 99th Infantry Division and Fort Defense MOS/Medical Retention Board evaluated your ability to perform the physical requirements of your PMOS 11B20, on 22 November 1983. Based on a thorough review of your most recent permanent physical profile, dated 21 June 1983 and all other pertinent records and reports, the MMRB determined that you be retained in your current PMOS. Your permanent medical condition does not preclude satisfactory performance of PMOS physical requirements in a worldwide field environment.

2. The record of proceedings serves as a final determination of your physical deployability in PMOS 11B. This decision will not be superseded by a subsequent board unless appropriate medical authorities determine that your medical condition has deteriorated, or upon direction by the Department of the Army.

3. A copy of this correspondence will be forwarded for inclusion in your MPRJ, Official Military Personnel File and Career Branch in MILPERCEN.

FOR THE MMRB CONVENING AUTHORITY:

"Signed"
RICHARD P. PRESLEY
Lieutenant Colonel
Adjutant General

1 Incl
Summary of Board Proceedings

Figure 3–10. Sample record of proceedings (Retention)

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division and Fort Defense
Fort Defense, Virginia 12345

ABCD-AG 3 November 1983

SUBJECT: Instructions for Probationary Period Evaluation (Sergeant Franks, Leonard G., 111-11-1111, 76Y20 Co A, 3rd Battalion, 3rd Infantry)

Commander
3rd Battalion, 3rd Infantry
99th Infantry Division
Fort Defense, VA 12345

1. The 99th Infantry Division and Fort Defense MOS/Medical Retention Board evaluated SGT Franks' ability to perform the physical requirements of his PMOS 76Y20 on 22 November 1983. Sergeant Franks was injured in a supply room accident on 20 May 1983. After the issuance of several temporary profiles (during the recovery period), he was issued a permanent profile on 14 October 1983 for low back pain.

2. Based on a thorough review of his permanent physical profile and all other pertinent record and reports, the MMRB determined that SGT Franks will be placed in a 6-month probationary period for further evaluation of his ability to perform. This decision is based on the following:

a. Since the soldier's recovery and issuance of a permanent physical profile, the commander has had an inadequate amount of time to observe or receive reports concerning SGT Franks' duty performance.

b. The medical advisor to the board determined that with additional physical therapy, the soldier should be able to perform all physical requirements in MOS 76Y.

3. Special Instructions. SGT Frank's commander will initiate coordination with the Medical Treatment Facility to determine an appropriate physical therapy program and evaluate the soldier's progress after 90 days. If progress is not noted, the commander will refer the soldier back to the MMRB for a final determination. The effective date of the probationary period is the date of this correspondence.

FOR THE MMRB CONVENING AUTHORITY:

"Signed"
RICHARD P. PRESLEY
Lieutenant Colonel
Adjutant General

Figure 3–11. Sample probationary period evaluation letter

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division and Fort Defense
Fort Defense, Virginia 12345

ABCD-AG 7 December 1983

SUBJECT: Recommendation for Medical Reclassification (MMRB) (Sergeant Rogers, Alvin R., 111-11-1111, 11B20)

Commander
MILPERCEN
ATTN: DAPC-EPT-H
2461 Eisenhower Avenue
Alexandria, VA 22331

1. The 99th Infantry Division and Fort Defense MOS/Medical Retention Board (MMRB) evaluated the abilities of SGT Rogers to perform the physical requirements of his PMOS on 22 November 1983.

2. Based on a thorough review of his most recent permanent physical profile, dated 30 June 1983 and all other pertinent records and reports, the MMRB determined that SGT Rogers should not be retained in his PMOS. However, it appears that SGT Rogers possesses the background, aptitude, physical capability and potential to be retrained and reclassified in a less physically demanding MOS in which the Army has a requirement. In support of this recommendation, the following justification is provided:

a. Soldier has no record of judicial or nonjudicial punishment.

b. Soldier is not barred from reenlistment.

c. Aptitude scores are high, particularly in the electronics and communications fields.

d. Soldier meets prerequisites for award of MOS 72G, 26Y, and 26L. All three MOSs are listed as a shortage or balanced MOS according to the skill alignment module (TSAM) listing.

e. Soldier's assignment limitations do not preclude retraining and reclassification in the requested MOS, as listed in the physical performance standards in Appendix B, AR 611-201.

3. Point of contact at this headquarters is SP4 Jones, AUTOVON 111-1111.

FOR THE MMRB CONVENING AUTHORITY:

RICHARD P. PRESLEY
Lieutenant Colonel
Adjutant General

7 Inclosures
1. DA Form 3349
2. Commander's evaluation
3. Summary of MMRB proceedings
4. DA Forms 2 and 2-1
5. Other documents that support reclassification into requested MOS
6. TSAM listing
7. DA Form 2635

Figure 3–12. Sample reclassification recommendation letter

DEPARTMENT OF THE ARMY
Headquarters, 99th Infantry Division and Fort Defense
Fort Defense, Virginia 12345

ABCD-AG 5 December 1983

SUBJECT: Medical Evaluation Board/Physical Evaluation Board Referral (Sergeant Clayclam, Andrew F., 111-11-1111, 11B20)

THRU: Commander
3rd Battalion, 3rd Infantry
99th Division
Fort Defense, VA 12345

TO Commander
1st MEDDAC
Fort Defense, VA 12345

1. The 99th Infantry Division MOS/Medical Retention Board (MMRB) evaluated the abilities of SGT Clayclam to perform the physical requirements of his PMOS on 22 November 1983. Based on a thorough review of his most recent permanent physical profile, dated 21 June 1983, and all other pertinent records and reports, the MMRB determined that the limitations imposed by his permanent profile are so prohibitive they preclude retraining and reclassification into any MOS in which the Army has a requirement.

2. The above named soldier is directed to be scheduled for a Medical Evaluation Board. Sergeant Clayclam's ability to satisfactorily perform the duties of his office, grade, rank, or rating in such a manner as to reasonably fulfill his military obligation on active duty is questionable.

3. The soldier's commander will initiate immediate coordination with the Medical Treatment Facility Physical Evaluation Board Liaison Officer (PEBLO) to obtain additional information and the scheduling of an MEBD.

4. The soldier's case will be forwarded to a Physical Evaluation Board regardless of the MEBD findings and recommendations. If during the Medical Evaluation Board process, medical authorities determine that the soldier's current assignment limitations are not appropriate and the result is the issuance of a less restrictive permanent physical profile, a copy of the new DA Form 3349 will be forwarded to this headquarters, ATTN: ABCD-AG, to determine if PEB referral is appropriate.

FOR THE MMRB CONVENING AUTHORITY:

4 Inclosures
1. DA Form 3349
2. Commander's evaluation
3. Summary of MMRB proceedings
4. DA Forms 2 and 2-1

RICHARD P. PRESLEY
Lieutenant Colonel
Adjutant General

Figure 3–13. Sample MMRB appointing authority referral to MEBD/PEB

01 01 071515Z NOV 00 RR RR UUUU

CDR 99TH INF DIV FT DEFENSE VA //ABCD-AG//
CDR MILPERCEN ALEX VA //DAPC-EPT-H//
CDR USAPDA WASH DC //DAPD-PP//

UNCLAS

SUBJ: MEBD/PEB REFERRAL PERTAINING TO SGT CLAYCLAM, ANDREW F., 111-11-1111, 11B20, CO A, 3RD BN, 3RD INFANTRY.

1. THE ABOVE NAMED SOLDIER WAS REFERRED BY THE MMRB TO THE FT DEFENSE MEDICAL TREATMENT FACILITY COMMANDER FOR MEBD/PEB PROCESSING ON 5 DECEMBER 1983.

2. SOLDIER'S CURRENT PULHES AND ASSIGNMENT LIMITATIONS ARE "113111— NO MARCHING, STANDING, STOOPING, CRAWLING LONGER THAN 5 MINUTES." PHYSICAL DEFECT "CHRONDROMALACIA."

3. POINT OF CONTACT THIS HEADQUARTERS IS SP5 JONES, AV 111-1111.

Figure 3–14. Sample electrical message (DD Form 173/2)

Appendix A
References

Section I
Required Publications

AR 15–6
Procedure for Investigating Officers and Boards of Officers. (Cited in para 3–3.)

AR 40–3
Medical, Dental, Veterinary Care. (Cited in paras 1–4 and 4–2.)

AR 40–501
Standards of Medical Fitness. (Cited in para 1–4.)

AR 611–201
Enlisted Career Management Fields and Military Occupational Specialties. (Cited in paras 2–1, 2–2, and 2–28 and fig 3–12.)

AR 635–40
Physical Evaluation For Retention, Retirement, or Separation. (Cited in paras 1–4, 2–1, 4–1, 4–2, and 4–4.)

DA Pam 600–8–10
Management and Administrative Procedures: Assignment and Reassignment Procedures. (Cited in para 2–6.)

FM 21–2
Soldier's Manual of Common Tasks. (Cited in para 2–1 and fig 3–8.)

Section II
Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

AR 40–66
Medical Record and Quality Assurance Administration.

AR 135–18
Active Duty and Full Time Duty in Support of the Army National Guard of the United States and US Army Reserve.

AR 135–91
Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures.

AR 135–210
Order to Active Duty as Individuals During Peacetime.

AR 135–215
Officer Periods of Service on Active Duty.

AR 140–111
Enlistment and Reenlistment.

AR 600–200
Enlisted Personnel Management System.

AR 601–100
Appointment of Commissioned and Warrant Officers in the Regular Army.

AR 601–280
Army Reenlistment Program.

AR 611–101
Commissioned Officer Specialty Classification System.

AR 611–112
Manual of Warrant Officer Military Occupational Specialties.

AR 614–100
Assignments, Details, and Transfers.

AR 640–2–1
Personnel Qualification Records.

AR 640–10
Individual Military Personnel Records.

DA Pam 600–8
Military Personnel Management and Administrative Procedures.

AGR 600–200
Enlisted Personnel Management

Glossary

Section I
Abbreviations

APRT
Army Physical Readiness Test

ARPERCEN
US Army Reserve Personnel Center

ASVAB
Armed Services Vocational Aptitude Battery

CG
commanding general

COAD
Continuance (continued) on Active Duty

DRC
Disability Review Council

EPTS
existed prior to entry service

ETS
Expiration Term of Service

GCMCA
General Court Martial Convening Authority

MEBD
Medical Evaluation Board

MEDDAC
Medical Department Activity

MEPS
Military Entrance Processing Station

MILPERCEN
US Army Military Personnel Center

MILPO
Military Personnel Office

MMRB
MOS/Medical Retention Board

MMRBCA
MMRB convening authority

MOS
military occupational specialty

MPRJ
Military Personnel Records Jacket, US Army

MTF
medical treatment facility

ODCSPER
Office of the Deputy Chief of Staff for Personnel

OMPF
Official Military Personnel File

PDC
personnel deployability condition

PDRL
Permanent Disability Retired List

PEB
Physical Evaluation Board

PEBLO
Physical Evaluation Board Liaison Officer

PMOS
primary military occupational specialty

PPES
Physical Performance Evaluation System

PULHES
physical profile serial

SIDPERS
Standard Installation/Division Personnel System

TDRL
Temporary Disability Retired List

TSAM
The Skill Alignment Module

TSG
The Surgeon General

USAPDA
US Army Physical Disability Agency

USAR
US Army Reserve

Section II
Terms

Military Personnel Office
Organizations that perform personnel functions, such as a personnel service company (PSC), a personnel service division (PSD), consolidated military personnel activities (COMPACT), a unit personnel section (UPS), a forward area support team (FAST), and a regional personnel center (RPC).

Office, grade, rank, or rating
a. Office is a position of duty, trust, or authority to which an individual is appointed.
b. Grade is a step or degree in a graduated scale of office or military rank that is established and designated as a grade by law or regulation.
c. Rank is the order of precedence among members of the Armed Forces.
d. Rating is the name prescribed for members of an Armed Force in an occupation field. The term equates with military occupational specialty.

Performance in a worldwide field environment
The ability to perform PMOS/Specialty physical tasks both in garrison and the field in any geographical or climatic environment in which the Army has a requirement.

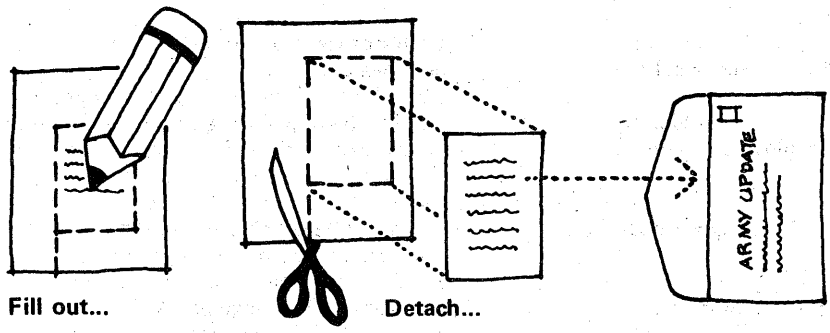
Personnel deployability condition (PDC)
A determination of a soldier's deployability based on the ability/inability to physically perform the full range of PMOS duties in a worldwide field environment. There are three PDCs based on a soldier's permanent physical condition.
a. Deployable: soldier can reasonably perform all PMOS/Specialty tasks in a worldwide field environment.
b. Nondeployable: a permanent medical condition that prevents a soldier from satisfactorily performing PMOS duties in a worldwide field environment.
c. Probationary: period of physical rehabilitation and evaluation. The probationary period may only be directed by the MMRB and will not exceed a 6-month period.

Physical disability
Any manifest impairment due to disease or injury, regardless of degree, that reduces or prevents an individual's actual or presumed ability to engage in gainful or normal activity. The term includes disability due to mental disease.

Physical Evaluation Board Liaison Officer (PEBLO)
An experienced officer or civilian employee designated by the MTF commander. The PEBLO performs the primary duties of counseling members who are undergoing informal physical disability evaluation. He or she provides soldiers with authoritative and timely answers to their questions and aids them in understanding their rights and entitlements. He or she need not be qualified as a legal officer.

Physically unfit
Unfitness due to physical disability. The unfitness is of such a degree that a soldier is unable to perform the duties of his or her office, grade, rank, or rating in such a way as to reasonably fulfill the purpose of his or her employment on active duty. "Physically unfit" is synonymous with "unfit because of physical disability."

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