

Army Regulation 600-60

Personnel—General

Physical Performance Evaluation System

**Headquarters
Department of the Army
Washington, DC
28 February 2008**

UNCLASSIFIED

SUMMARY of CHANGE

AR 600-60

Physical Performance Evaluation System

This a rapid action revision, dated 28 February 2008--

- o Clarifies the Military Occupational Specialty/Medical Retention Board Evaluation Overview (para 2-1).
- o Details the required referral to Military Occupational Specialty/Medical Retention Board (para 2-2).
- o Clarifies Military Occupational Specialty/Medical Retention Board evaluation exemption (para 2-3).
- o Clarifies the time standards for Military Occupational Specialty/Medical Retention Board referral and action (para 2-4a).
- o Updates requirements for maintaining Military Occupational Specialty/Medical Retention Board statistics and submitting to HQDA, Deputy Chief of Staff, G-1 (para 2-5).
- o Adds criteria related to assignment of Soldiers undergoing Military Occupational Specialty/Medical Retention Board (para 3-6a and b).
- o Clarifies reenlistment and career status (para 3-7).
- o Revises standards for Military Occupational Specialty/Medical Retention Board recommendations and minimum common tasks (para 4-2).
- o Clarifies waivers to the Military Occupational Specialty/Medical Retention Board Convening Authority (para 4-4b).
- o Updates convening authority (para 4-5d).
- o Revises Military Occupational Specialty/Medical Retention Board Convening Authority delegation of approval authority (para 4-6).
- o Clarifies Military Occupational Specialty/Medical Retention Board membership requirements (para 4-7d).
- o Adds a comment on the voting members (para 4-8d).
- o Clarifies pre-hearing actions of the Military Occupational Specialty/Medical Retention Board to obtain civilian medical documents (para 4-10).
- o Clarifies counseling statements (para 4-12b).

- o Adds specific criteria for conduct of proceedings (para 4-13).
- o Clarifies information regarding recommendation for reclassification (para 4-19b).
- o Clarifies Reserve Component referral into Physical Disability Evaluation System (para 4-20).
- o Clarifies convening authority action (para 4-21c).
- o Clarifies actions for Military Occupational Specialty/Medical Retention Board Convening Authority (para 4-25).

Effective 28 March 2008

Personnel—General

Physical Performance Evaluation System

By Order of the Secretary of the Army:

GEORGE W. CASEY, JR.
General, United States Army
Chief of Staff

Official:


JOYCE E. MORROW
Administrative Assistant to the
Secretary of the Army

History. This is a rapid action revision. The portions affected by this rapid action revision are listed in the summary of change.

Summary. This regulation covers the Physical Performance Evaluation System. It requires Active Army, Army National Guard of the United States, and United States Army Reserve Soldiers with a permanent profile containing a three or four in one of the profile serial factors to be evaluated by an administrative screening board designated as the Military Occupational Specialty/Medical Retention Board. This evaluation is to determine if Soldiers can perform satisfactorily in their primary occupational specialty or specialty code in a worldwide field environment. This regulation gives the duties and procedures of the Military Occupational Specialty/Medical Retention Board. It also gives the procedures for processing the decision of the Military Occupational Specialty/Medical Retention Board Convening Authority to recommend a Soldier for medical reclassification or to refer the Soldier into the Physical Disability Evaluation System or

the Reserve Component medical disqualification process, as applicable.

Applicability. This regulation applies to the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority. The proponent of this regulation is Deputy Chief of Staff, G–1. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or to the Commander and Deputy Commander of the U.S. Army Physical Disability Agency so long as the agency remains the functional proponent for the Physical Performance Evaluation System. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25-30 for specific guidance.

Army management control process. This regulation does not contain management control provisions.

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from Deputy Chief of Staff, G–1, ATTN: DAPE–MPE–PD, 300 Army Pentagon, Washington, DC 20310–0300.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the U.S. Army Total Personnel Command functional proponent for this regulation: Headquarters, Department of the Army, Deputy Chief of Staff, G–1, ATTN: DAPE–MPE–IP, 300 Army Pentagon, Washington, DC 20310–0300.

Committee Continuance Approval. The Department of the Army Committee Management Officer concurs in the establishment and/or continuance of the committee(s) outlined herein, in accordance with AR 15-1, Committee Management. The AR 15-1 requires the proponent to justify establishing/continuing its committee(s), coordinate draft publications, and coordinate changes in committee status with the Department of the Army Committee Management Office, ATTN: AARP-ZA, Office of the Administrative Assistant, Resources and Programs Agency, 2511 Jefferson Davis Highway, Taylor Building, 13th Floor, Arlington, VA 22202-3926. Further, if it is determined that an established "group" identified within this regulation later takes on the characteristics of a committee, the proponent will follow all AR 15-1 requirements for establishing and continuing the group as a committee.

Distribution. This regulation is available in electronic media only and is intended for command levels A, B, C, D, and E for the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

*This regulation supersedes AR 600–60, dated 25 June 2002.

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Chapter 1 General

Section I Introduction

1–1. Purpose

This regulation implements and establishes operating procedures for the Physical Performance Evaluation System (PPES). The purpose of the PPES is to maintain the quality of the force by ensuring that Soldiers are physically qualified to perform their Primary Military Occupational Specialty (PMOS) or specialty code worldwide and under field conditions.

1–2. References

Required and related publications and prescribed and referenced forms 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.

Section II Responsibilities

1–4. The Deputy Chief of Staff, G–1

The Deputy Chief of Staff, G–1 (DCS, G–1) will exercise overall Army staff responsibility for the PPES.

1–5. The Surgeon General

The Surgeon General (TSG) will—

- a.* Establish and interpret medical retention standards for Soldiers of all components.
- b.* Establish and interpret standards for issuing physical profiles.

1–6. The Chief, National Guard Bureau

The Chief, National Guard Bureau (CNGB) will coordinate all policies and procedures affecting the Army National Guard of the United States (ARNGUS) personnel with the U.S. Army Human Resources Command (AHRC).

1–7. The Director, Army National Guard

The Director, Army National Guard (DARNG) will serve as an MOS/Medical Retention Board Convening Authority (MMRBCA).

1–8. The State Adjutants General

The State Adjutants General will—

- a.* Oversee the PPES for ARNGUS Soldiers within the State.
- b.* Serve as MMRBCA upon delegation from the DARNG.

1–9. The Chief, Army Reserve

The Chief, Army Reserve (CAR) will—

- a.* Coordinate all policies and procedures affecting United States Army Reserve (USAR) personnel with AHRC.
- b.* Serve as an MMRBCA.

1–10. Commander, U.S. Army Human Resources Command

The Commander, U.S. Army Human Resources Command will—

- a.* Interpret and implement policies initiated by the DCS, G–1.
- b.* Develop procedures and programs to implement Army policy pertaining to reclassification for Active Army personnel.
- c.* Be the final decision authority in medical reclassification cases for all Active Army Soldiers to include ARNGUS and USAR Soldiers individually ordered to active duty under the provisions of AR 135–210.
- d.* Coordinate all policies and procedures affecting Reserve Component (RC) personnel with the DARNG and CAR.

1–11. The Commander, U.S. Army Physical Disability Agency

The Commanding General, U.S. Army Physical Disability Agency (USAPDA) will—

- a.* Implement and operate the Army Physical Disability Evaluation System (PDES) (AR 635–40) for the Secretary of the Army under the general staff supervision of the DCS, G–1.

b. Serve as functional proponent for implementation of the PPES (AR 600–60).

1–12. Commander, U.S. Army Special Operations Command

a. The Commanding General, U.S. Army Special Operations Command (USASOC) will oversee the PPES for Active Army and RC Soldiers under his command or operational control.

b. Serve as MMRBCA for Active Army and RC Soldiers under his command or operational control.

1–13. Commander, U.S. Army Reserve Command

The Commander, U.S. Army Reserve Command (USARC) will—

a. Coordinate all policies and procedures affecting USAR personnel within the command with the CAR.

b. Oversee the PPES for USAR Troop Program Unit (TPU) Soldiers under its command.

c. Serve as MMRBCA upon delegation from the CAR.

1–14. Commander, U.S. Army Reserve Human Resources Command

The Commander, U.S. Army Reserve Human Resources Command (AR-HRC) will—

a. Coordinate all policies and procedures affecting USAR personnel within the command with the CAR.

b. Be the final decision authority in medical reclassification cases for all USAR members on active duty pursuant to provisions other than those stated in AR 135-210.

c. Oversee the PPES for USAR Individual Ready Reserve (IRR) and Individual Mobilization Augmentee (IMA) Soldiers.

d. Serve as MMRBCA upon delegation from the CAR.

1–15. Commander, 9th Regional Support Command

The Commander, 9th Regional Support Command (9th RSC) will—

a. Coordinate all policies and procedures affecting USAR personnel within the command with the CAR.

b. Oversee the PPES for USAR TPU members under its command.

c. Serve as MMRBCA upon delegation from the CAR.

1–16. Commander, 7th U.S. Army Reserve Command

The Commander, 7th U.S. Army Reserve Command (7th ARCOM) will—

a. Coordinate all policies and procedures affecting USAR Soldiers within the command with the CAR.

b. Oversee the PPES for USAR TPU Soldiers under its command.

c. Serve as MMRBCA upon delegation from the CAR.

1–17. Military Occupational Specialty/Medical Retention Board Convening Authority

The MMRBCA—

a. 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.

b. Monitors the MMRB process for efficiency and timeliness.

c. Upon partial mobilization, determines whether operational necessity requires temporary replacement of MMRB evaluation by a certification process based upon medical screening and recommendation of Soldier's commander.

Chapter 2

Referral to the MMRB

2–1. Evaluation overview

The PPES is a program designed to evaluate Soldiers with a permanent numerical designator of 3 or 4 (hereafter referred to as a permanent 3 or 4 profile) in one of the profile serial factors based on their physical ability to perform their duties in a worldwide field or austere environment and recorded on DA Form 3349 (Physical Profile). The PPES establishes the MMRB as an administrative screening board to make this evaluation. This screening system ensures continuity of effort among commanders, doctors, personnel managers, and the PDES. It provides the MMRBCA with increased flexibility to determine a Soldier's deployability, reclassification potential, or referral into the PDES (or processing for medical disqualification as applicable to certain Reserve Component cases).

a. The MMRB evaluation process will not be used as a quality assessment of leadership, degree of technical skill, or promotion potential. The MMRB recommendations will only be based on an enlisted Soldier's or warrant officer's physical ability to reasonably perform the duties of his or her primary military occupational specialty (PMOS) or of an officer's physical ability to perform in his or her branch or area of concentration or functional area.

b. Once referred to the MMRB, direct observation, evaluation, application of physical standards, and the standards in paragraph 4-2, below, will determine MMRB recommendations.

c. The ability of the Soldier to perform in any military occupational specialty (MOS) other than the one being submitted for consideration will not be part of the MMRB evaluation other than in relationship to reclassification. Specifically, the MMRB will not make recommendations to have MOSs not under consideration withdrawn. Soldiers will be evaluated for the MOS in which they are scheduled to work. Should the MMRBCA decision retain a Soldier, they may only work in the PMOS or branch/specialty code approved by MMRBCA.

d. The MMRB recommendations to the MMRBCA and the MMRBCA decision are limited to one of the actions listed below. The MMRBCA may return the case to the MMRB for further evaluation or may shorten or extend the probationary period so long as it does not exceed the maximum specified at paragraph 4-18, below.

- (1) Retain Soldier in PMOS or branch/specialty code. (See paras 4-2 and 4-17.)
- (2) Recommend reclassification. (See paras 4-2 and 4-19.)
- (3) Place in probationary status. (See para 4-18.)
- (4) Refer for medical evaluation board/physical evaluation board (MEB/PEB) or medical disqualification, as appropriate. (See para 4-20.) NOTE: "Medical discharge" is not an authorized recommendation for the MMRB or action by the MMRBCA.

e. For description of the physical profile serial system, see AR 40-501, paragraph 7-3, and table 7-1.

2-2. Required referral to an MMRB

a. Unless specified as exempt under paragraph 2-3, below, Soldiers must be referred to an MMRB in the following situations:

(1) Soldiers who are already permanently non-deployable for non-medical reasons must still be referred to an MMRB when they are issued a permanent 3 or 4 physical profile. (An example of this situation is the Soldier who is permanently non-deployable due to a misdemeanor conviction for domestic violence and later is issued a permanent 3 or 4 profile.)

(2) Soldiers who are issued a P3 or P4 physical profile on DA Form 3349 and meet medical retention standards. This includes Soldiers who were referred to the MEB separately from MMRB evaluation, where the MEB returned the Soldier to duty with a P3 physical profile.

(a) When the P3 profile is for a medical impairment that does not fall below medical retention standards based on diagnosis alone (for example, arthritis, AR 40-501, para 3-3d), the medical treatment facility (MTF) should refer the Soldier to an MMRB to allow the Soldier to be considered for reclassification. Also, if the medical impairment falls under "General and miscellaneous conditions and defects" (AR 40-501, para 3-41e) and the condition is determined to "not interfere with satisfactory performance of duty," the Soldier should generally be referred to an MMRB and considered for reclassification.

(b) When the issued profile is a P4, the MMRB recorder or designee will confirm with the MTF whether the Soldier meets medical retention standards. Generally, a P4 indicates a medical impairment severe enough to warrant direct referral to MEB/PEB.

(3) Soldiers who have been retained by the MMRB or found fit by the PDES, and subsequently experience one of the following events.

(a) Soldier receives an additional permanent 3 or 4 profile in another profile factor.

(b) The condition for which the Soldier was previously retained deteriorates, or the profile is re-evaluated and additional limitation(s) is (are) added.

(c) Soldier performs duties for an appropriate period of time (up to 180 days), but the commander believes the Soldier's permanent profile or impairment precludes the Soldier from performing the duties of his or her PMOS, branch, or specialty code.

(4) The permanent 3 profile is related to a waiver of accession standards (see glossary). The waiver documentation for the profile must be reviewed. Before referral to the MMRB, the Soldier will be referred to the Medical Treatment Facility (MTF) that supports the Reception Center for confirmation that a permanent 3 profile is warranted (AR 612-201, para 2-18d). It is imperative to revalidate the profile status at the MTF. (Normally a permanent 3 profile is given upon initial disqualification under accession medical standards, but is upgraded when the waiver is approved.) If the Soldier is in initial entry training (IET) when the P3 is confirmed, the Soldier will be processed in accordance with paragraph 2-2b, below.

b. Soldiers in IET who receive a P3.

(1) Soldiers in IET may acquire permanent "3" profiles in two ways:

(a) Some receive profiles from the waiver authorities upon accession (see AR 40-501, para 1-6) if they have disqualifying conditions. That profile is validated and confirmed by the supporting MTF. (See AR 612-201, para 2-18d.)

(b) Some receive profiles for conditions acquired during training.

(2) During IET, Regular Army Soldiers will be reported to AHRC, Accession Management Branch (AHRC-EPT-A)

for a determination of whether a change in projected initial classification PMOS is warranted. USAR Soldiers will be reported to the USAR Initial Military Training (IMT) Coordinator, Army Reserve G-1, Initial Military Training Branch at the Army Reserve Command. Army National Guard (ARNG) Soldiers will be reported to the ARNG-State Enlisted Personnel Manager (IET) Coordinator. If a change is required, the Soldier's enlistment contract may need to be renegotiated in another qualifying MOS retaining the original enlistment terms or better in accordance with DA Pam 611-21.

(3) Generally, Soldiers who receive a permanent 3 profile, whether acquired during basic combat training (IET-BCT) or due to a waiver of accession standards, and who otherwise meet medical retention standards, will be deferred from MMRB evaluation until no later than six months into their first duty assignment following advanced individual training (AIT). This will provide the command adequate time to evaluate the Soldier's performance in an MOS.

(4) Soldiers with a permanent 3 profile in AIT or in the AIT phase of one-station unit training (OSUT) may be referred to MMRBs if the profile exceeds the physical requirement for the MOS in accordance with DA Pam 611-21.

(5) Soldiers who receive a permanent 3 profile, whether acquired in BCT or due to a waiver of accessions, and who do not meet medical retention standards, will be referred to a MEB.

c. Soldiers are generally required to personally appear before the MOS/Medical Retention Board, unless the MMRBCA approves the Soldier's request for waiver of appearance. If an Army Reserve Soldier is going to request a waiver of appearance, it must be submitted with the MMRB packet. Travel to the MMRB will be fully funded by a Soldier's component.

d. When a Soldier fails to appear when required, the President of the MMRB will determine whether to proceed with evaluation without the Soldier present. A Soldier who fails to appear before his/her scheduled board may be subject to disciplinary or other appropriate action.

2-3. MMRB evaluation exempted

Soldiers under the following circumstances will not be referred to the MMRB.

a. When the underlying medical condition does not meet the medical retention standards of AR 40-501. In accordance with AR 40-501, chapter 3, these Soldiers require, as applicable, either direct referral into the PDES or processing under RC regulations for medical disqualification (see glossary).

b. When determined fit by the PDES, except as provided in paragraph 2-2b, above.

c. When profiles are temporary. Commanders should ensure that Soldiers do not exceed the time limitations for temporary profiles established by AR 40-501, chapter 7.

d. When the permanent profile serial factor is a 1 or 2: Generally, Soldiers with a permanent 1 or 2 profile meet medical retention standards. If the assignment limitations are overly restrictive, the unit commander should refer the Soldier to the appropriate medical authority for reevaluation of the profile in accordance with AR 40-501, chapter 7, as well as confirmation that the Soldier meets medical retention standards. (In rare instances, a Soldier may fall below medical retention standards, but require only a permanent 2 profile.)

e. When a general officer is issued a permanent 3 or 4 physical profile: General officers will receive a retention standards physical. If they meet medical retention standards, their deployability will be a command determination without referral to an MMRB. If they do not meet medical retention standards, they will be referred to the physical disability evaluation system under the process (duty-related or non-duty-related) applicable to their duty status or the service-connection of their impairment. (See AR 635-40.)

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

(1) A Soldier whose request for length of service retirement has been approved.

(2) An active duty officer who is within 1 year of date of mandatory retirement for age or length of service.

(3) An RC Soldier who is within 1 year of date of mandatory removal from RC Active Status.

(4) A Soldier who is charged with an offense under the Uniform Code of Military Justice (UCMJ) or who is under investigation for an offense chargeable under the UCMJ that could result in dismissal or punitive discharge or administrative separation action unless the Soldier is cleared of the charges or the command determines not to proceed with a court-martial or administrative separation.

(5) Administrative separation proceedings have been initiated.

(6) An enlisted Soldier (except a Soldier serving on his or her initial enlistment) who is within 90 days of expiration of term of service; does not intend to reenlist or extend enlistment; signs a declination statement; and if Active Army, has no RC obligation. However, if the Soldier accepts affiliation or indicates a desire to continue service in another Army component after separation, refer the Soldier to the MMRB for processing prior to the Soldier's projected date of separation.

2-4. Time standards for MMRB referral and MMRBCA action

a. Soldiers will appear before an MMRB within the time standards stated below: The time standard will be

measured in calendar days from the date the DA Form 3349 is signed by the appropriate approving authority.

- 60 days for Soldiers on active duty and for members of the Active Guard Reserve (AGR) program.
- 120 days for Soldiers assigned to USAR TPU or ARNG drilling units (hereafter referred to as drilling reservists) and drilling and nondrilling IMAs.
- 180 days for USAR Soldiers assigned to the IRR and ARNG Soldiers assigned to the Inactive National Guard (ING).

b. The MMRBCA will make his or her determination on MMRB recommendations no later than 30 days from the date the MMRB adjourned.

2–5. MMRB statistics

Evaluation of the timeliness of MMRB processing will be part of the command inspection program and subject to annual review. For this purpose, the MMRBCA will ensure statistics are maintained on the time segments listed below. RC commands will need to modify these segments to reflect RC processes for reclassification. RC commands must modify these segments to reflect RC processes for reclassification for cases referred under the duty-related process, and RC process for reclassification for cases referred under the non-duty related process. (See glossary for definitions of definitions of duty-related cases, non-duty-related cases, and medical disqualification.) RC commands will monitor the statistics of their assigned Soldiers who are referred to an active duty (AD) MMRB. The RC MMRBCA will maintain statistics on all cases referred to its MMRB. The Active Army MMRBCA will maintain statistics on all cases referred to its MMRB. The statistical report must be submitted quarterly to DAPE-MPE-IP (HQDA DCS, G-1), Room 1C449, 300 Army Pentagon, Washington, D.C. 20310-0300.

- a.* Date of profile to the date the Soldier appears before the MMRB.
- b.* Date of MMRB to the date of the MMRBCA's decision.
- c.* Date of the MMRBCA's decision to the date the Soldier's case is referred to the MTF or returned to the RC referring organization (see glossary).
- d.* Date Soldier's packet is received at the MTF to the date the Medical Evaluation Board (MEB) narrative summary (NARSUM) is dictated. RC commands should modify this segment as follows: Date of MMRBCA decision that Soldier is nondeployable to date of determination by the RC referring organization of whether the Soldier's case will be processed as a duty-related or nonduty-related case. (See paras 4–20 and 4–26.) For duty-related cases, the date of the dictation of the medical NARSUM represents the date the Soldier is considered referred into the PDES. From this point, USAPDA and the U.S. Army Medical Command (MEDCOM) maintain statistics on the subsequent phases of disability evaluation.
- e.* For approved recommendation for reclassification, date of MMRBCA action to date action is forwarded to the AHRC reclassification authority, and from this date to date command receives final action of the reclassification authority. (Commands should annotate statistics to reflect reclassification recommendations returned by AHRC for additional information or when AHRC disapproves the recommendation and directs referral into the PDES.)

2–6. Issuance of permanent profile

a. When issuing a permanent 3 or 4 profile, medical profiling officers should determine if the Soldier meets the medical retention standards of AR 40–501. Evaluation against retention standards is especially important when the permanent 3 or 4 profile is accompanied by limitations that prevent the Soldier from taking the standard and all prescribed alternate versions of the Army Physical Fitness Test (APFT), wearing a protective mask, wearing the ballistic helmet (colloquially called the “Kevlar,” for its Kevlar material), firing an individual weapon, or wearing load carrying equipment. Such limitations may adversely affect the Soldier's eligibility for completion of schooling under the Noncommissioned Officer Education System (NCOES), which is necessary for promotion. These restrictions also affect the ability of the command to deploy the Soldier and fully use the Soldier in his or her PMOS. In accordance with AR 40–501, chapters 3 and 9, respectively, Soldiers who do not meet medical retention standards bypass the MMRB and are referred directly into the PDES or processed by the RC for medical disqualification.

b. To avoid unnecessary MMRB evaluations, commanders should question overly stringent profiles. Two courses of action are available to commanders. Commanders may request reconsideration of the profile in accordance with AR 40–501, chapter 7, and commanders may refer the Soldier to the MTF for a fitness for duty medical examination in accordance with AR 600–20, chapter 5. These actions may result in the upgrading of the Soldier's profile or duty limitations or in referring the Soldier directly into the PDES or the applicable RC process.

c. The Soldier's servicing MTF will distribute permanent profiles in accordance with AR 40–501, chapter 7. This includes—

- (1) Original and one copy to the Soldier's company or battery commander.
- (2) One copy to the Military Personnel Division (MPD) or Personnel Service Center (PSC), as applicable. (For ARNGUS Soldiers, the State Military Personnel Office (MILPO).)
- (3) One copy to the Soldier's health record.
- (4) One copy to the clinic file, if applicable.

d. The Soldier's servicing MPD or PSC (or MILPO for ARNGUS Soldier) will (as a minimum) complete the following actions on receipt of a permanent 3 or 4 profile:

(1) Annotate the DA Form 2-1 (Personnel Qualification Record) and DA Form 4037 (Officer Record Brief) specified by AR 600-8-104 and make appropriate entries in the Electronic Military Personnel Office (eMILPO) or appropriate databases, based on component.

(2) Forward one copy to the Soldier's career branch.

Chapter 3

Deployability and Reassignment Status

3-1. Acceptability of MMRB determinations

MMRB determinations made in accordance with this regulation will satisfy the mobilization station requirements for determining deployability status of RC Soldiers called to active duty under chapter 1209, title 10, United States Code. This includes, but is not limited to, the Presidential Selected Reserve Call-up, Active Duty for Special Work, the Temporary Tour of Active Duty, and extended active duty.

3-2. Nondeployable status

Soldiers are nondeployable effective the date a permanent 3 or 4 profile is approved by the applicable medical authority until one of the following actions occurs: The MMRBCA retains the Soldier; AHRC or the applicable RC approving authority approves an MMRBCA recommendation for reclassification; or the PDES finds the Soldier fit.

3-3. Deployable status of retained Soldiers

A Soldier retained by the MMRB or found fit by the PEB may have assignment or duty restrictions that affect how the Soldier is deployed. However, the Soldier will be considered deployable within the limits of the Soldier's profile.

3-4. Field duty and temporary duty

Soldiers pending MMRB evaluation or final decision on MMRB recommendations remain subject to temporary duty (TDY) and field duty with due consideration given to the duty limitations recommended by the profile.

3-5. Attendance at U.S. Army Training and Doctrine Command schools

a. Soldiers who require MMRB evaluation are ineligible to attend training for which the U.S. Army Training and Doctrine Command (TRADOC) is the proponent until MMRB evaluation is completed, to include any follow-on determinations.

b. Soldiers retained by an MMRB or found fit by the PEB may still be denied attendance or graduation from training under the NCOES if medical profile limitations preclude the Soldier from completing course requirements.

3-6. Assignments

a. Soldiers who receive a permanent 3 or 4 physical profile after receiving assignment orders must appear before a MMRB before proceeding on reassignment. A Soldier who is pending direct referral to a MEB for non-acute impairments should be referred to a MMRB if the MEB will not be completed by the time the Soldier is to proceed on assignment instructions. Soldiers pending finalization of a MEB will remain at their current duty location and not be allowed to PCS until the MEB is completed.

b. Requests for deferment or deletion will be forwarded to AHRC, AR-MEDCOM, or AHRC-STL per AR 600-8-11 when the MMRB recommends probation, reclassification, or referral to the PDES, except as modified below for Soldiers assigned outside the continental United States (OCONUS). This provision also applies to ARNGUS Soldiers who are Title 10 AGRs managed by the National Guard Bureau (NGB). Send information on ARNG Title 10 AGR Soldiers to Chief, NGB (NGB-ARZ-T), 111 South George Mason Drive, Arlington, VA 22202-3231. The request for deferment or deletion will be approved, unless urgent circumstances warrant reassignment or the guidance in *c* or *d* below applies.

c. When an OCONUS MMRB recommends probationary status, normal reassignment of a Soldier to the continental United States (CONUS) is not affected. The losing command will notify the CONUS gaining command (normally the Personnel Strength Management Branch of the DCS, G-1/AG) to schedule the Soldier for MMRB re-evaluation upon expiration of the Soldier's probationary period.

d. When an OCONUS MMRB refers the Soldier to the PDES and the command lacks the capability to conduct the MEB, the command will report the Soldier to Headquarters, Department of the Army (HQDA) assignment authorities for disposition. However, subject to the consent of the Soldier, the command may retain the Soldier until completion of the Soldier's overseas tour if the Soldier is performing duties acceptable to the command. Upon completion or curtailment of the overseas tour, the losing command will notify the CONUS gaining command to refer the Soldier to the MTF for referral to MEB/PEB.

e. On a case-by-case basis for Active Army Soldiers, the HQDA Assignment Authorities may approve involuntary foreign service tour extensions (FSTE) in 60-day increments to await outcome of an MMRBCA recommendation of reclassification or referral to the PDES (see AR 614–30, para 6–1). Extension is not warranted for completion of an MMRB probationary period.

3–7. Reenlistment/career status

a. Enlisted Soldiers pending MMRB action and follow-on determinations may not re-enlist. If otherwise qualified, they may extend their current enlistment in accordance with the following regulations.

- (1) For Active Army Soldiers, AR 601–280.
- (2) For ARNG AGR and TPU Soldiers, NG Regulation (NGR) 600–200.
- (3) For USAR AGR and TPU Soldiers, AR 140–111.

b. When the MMRB refers the Soldier to the PDES, the Soldier may be retained (as opposed to extended) to complete disability evaluation in accordance with the following regulations.

- (1) For enlisted Soldiers of all components who are on extended active duty under title 10 of the United States Code: AR 635–200.
- (2) For officers of all components who are on extended active duty under title 10 of the United States Code: AR 600–8–24.
- (3) For ARNG enlisted Soldiers serving on active duty under title 32 of the United States Code: NGR 600–5.
- (4) For ARNG officers serving on active duty under title 32 of the United States Code: NGR 600–100.
- (5) For ARNG Soldiers not serving on active duty: NGR 600–200.
- (6) For USAR enlisted Soldiers not serving on active duty: AR 135–178.
- (7) For USAR officers not serving on active duty: AR 135–175.

c. If retained in PMOS, reclassified into another PMOS, or found fit by the PDES, re-enlistment or extension of enlistment will not be denied on medical grounds.

d. Officers pending MMRB action may apply and be considered for Conditional Voluntary Indefinite, Voluntary Indefinite, or Regular Army status. However, until MMRB action has been completed, including any follow-on determinations, final approval will not be made, and the Regular Army oath of office will not be executed.

e. All Soldiers remain in a promotable status when pending evaluation by the MMRB or the PDES.

Chapter 4 MMRB Evaluation

Section I Standards for Evaluation

4–1. Physical profile serial

a. Department of the Army Pamphlet (DA Pam) 611–21 establishes the physical profile serial 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 is the basis for determining initial training assignments for all personnel new to service.

b. The numerical designations for the profile factors, PULHES (see glossary), listed in DA Pam 611–21 for award of each MOS will not be used as the basis for determining PMOS retention, disqualification, reclassification, or change in specialty code, solely because a Soldier is issued a permanent 3 or 4 profile in one or more of the factors. However, the physical requirements listed for each MOS are relevant to the MMRB in making recommendations for retention, reclassification, or referral to the PDES.

c. Permanent profiles identify 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.

4–2. Standards for MMRB recommendations

a. *Physical requirements.* To perform in a worldwide field, or austere environment, Soldiers should be reasonably capable of accomplishing basic Soldier physical tasks and those tasks specific to their PMOS and skill level, branch, or specialty duties.

(1) The physical requirements and standards in DA Pam 611-21 and Soldier Training Publication (STP) 21-1-SMCT are guidelines of what should reasonably be expected of a Soldier in any worldwide job assignment. When these guidelines are insufficient or not available, as in the case of commissioned officer specialty codes and warrant officer MOSs, the MMRB will have to use its own experience, common sense, and judgment in deciding what should normally be expected of that Soldier. In addition, the physical requirements for completion of required NCOES and

other applicable TRADOC training should be considered. Recommendations to retain or reclassify Soldiers whose medical impairments prevent advancement and professional development is not fair to the Soldier and does not support Army readiness.

(2) When a Soldier is authorized two or more skill levels, the skill levels are cumulative in nature. If a MOS at a given skill level results from merging two or more MOSs, the ability to perform duties in one of the source MOSs is required.

(3) Notwithstanding the guidance above, the MMRB will exercise discretion on issues of equity by reviewing each individual on a case-by-case basis. The MMRB is not bound by prior decisions in its review of subsequent cases. No two cases present the same issues of equity.

b. Minimum common tasks. At a minimum, Soldiers must be able to perform the following common tasks for the MMRB to recommend retention in PMOS or specialty, reclassification or probation.

(1) Carry and operate individual weapon and combat ammunition load.

(2) Wear all necessary protective equipment, to include advanced combat helmet and accessories (ballistic helmet with accessories), nuclear, biological, and chemical (NBC) mask, outer tactical vest (OTV) or equivalent body armor, and personalized filled water carrying device (canteen, camelbak, or equivalent).

(3) Carry any additional equipment or other issue items needed to perform the duties required of the PMOS or specialty (Example: radio for a radio operator (31C), aid bag for a medic (68W) and so forth).

(4) Perform one of the alternate aerobic events of the Army physical fitness test (APFT) when profile precludes the 2-mile run.

(5) Perform PMOS or specialty in an austere environment.

(6) Ability to ride in a military vehicle used routinely in the performance of his/her duties.

c. Criteria not to be used. Inability of the Soldier to participate in local physical training that exceeds Army standards is an inappropriate reason for the MMRB to recommend the Soldier for reclassification or referral to the PDES.

Section II

Convening Authority and Membership

4-3. Mutual assistance response among components

a. In the interest of total Army integration, to conserve resources, and to provide efficient service to Soldiers, maximum use of centralized local boards and multi-component board membership is encouraged. This should be the case particularly in those areas where facilities of more than one component are present (for example, Active Army installation, ARNG Armory, or USAR Center). The MMRBCA should coordinate and establish memoranda of agreement to determine geographical jurisdiction.

b. To the greatest degree possible, boards are authorized to review cases from all components. The approval authority for recommendations of a multi-component board is the MMRBCA of the board before which the Soldier appeared.

4-4. Convening authority

a. The officers listed below are authorized to convene an MMRB and to take final action on MMRB recommendations.

(1) Officers who are general court-martial convening authorities (GCMCAs), to include RC GCMCA, upon delegation from the applicable authority specified in paragraph 4-5 below. Soldiers may be evaluated by an MMRB convened by a GCMCA other than their own upon coordination between the two GCMCAs.

(2) Director, Army National Guard.

(3) Chief, Army Reserve.

(4) Commander, U.S. Army Special Operations Command, for RC Soldiers under his or her command or operational control.

b. During times of partial mobilization under 10 USC 12302, the MMRBCA may waive the requirement for MMRB evaluation due to operational necessity. When the MMRBCA exercises this authority, he or she must certify that the Soldier's permanent 3 or 4 profile does not preclude the Soldier from performing his or her PMOS duties worldwide in a field environment.

(1) The authority to waive the requirement for MMRB evaluation extends to those officers to whom MMRB convening authority has been delegated under paragraph 4-5 below.

(2) Prior to the MMRBCA certifying that a Soldier is deployable, the Soldier must undergo a screening process that includes the recommendation of the Soldier's commander and the results of medical screening concerning the deployability status of the Soldier.

(3) Waivers of MMRB evaluation are temporary. Active Army Soldiers will be referred for MMRB evaluation upon

return from deployment. Mobilized RC Soldiers may be referred for MMRB evaluation to their RC unit before or after release from active duty (REFRAD) based on the policy in effect at that time.

4-5. Delegation of MMRB convening authority

a. Active Army MMRBCAs may delegate convening authority to another general officer on their staff or to the first general officer in the Soldier's chain of command.

b. The above authority 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 removed in writing.

c. The Director, ARNG may delegate convening authority to The Adjutants General of the States and territories.

d. The Chief, Army Reserve may delegate convening authority to—

(1) Commander, U.S. Army Reserve Command (USARC) with authority to delegate to the commanders of the Regional Support Commands.

(2) Commander, 7th Army Reserve Command (ARCOM).

(3) Commander, U.S. Army Human Resources Command, St. Louis (AHRC-STL).

(4) Commander, 9th Regional Readiness Command (RRC).

(5) Commander, AR-MEDCOM.

(6) Commander, Training Support Divisions.

e. All delegations must 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 (name) dated (date)." A copy of the delegation will be included in the record of proceedings.

4-6. MMRBCA delegation of approval authority

The MMRBCA may delegate the approval of MMRB findings and recommendations to the Soldier's Special Court-Martial Convening Authority (SPCMCA). When the MMRBCA is other than the Soldier's GCMCA, delegation of approval authority must be coordinated with the Soldier's GCMCA. Delegation must be in writing as described in paragraph 4-5, above.

4-7. General membership requirements

a. The MMRBCA will appoint an MMRB as required. (See fig 4-1.)

b. The MMRB will consist of five voting members (see para 4-8) and nonvoting members (see para 4-9). While minimum ranks are specified for the voting members, with the exception of warrant officer representation, there is no requirement for the voting members to be senior in grade or date of rank to the Soldier appearing before the MMRB. (See para 4-8.)

c. In the case of a female or minority Soldier, the MMRB will, upon the written request of the Soldier, include a female or minority voting member, if reasonably available, as determined by the MMRBCA.

d. If the Soldier appearing before the board is a member of the Active Army, at least one voting member of the MMRB will be a member of the Active Army. In the case of a USAR officer on the Active Duty List, there is no requirement for USAR representation. If the Soldier appearing before the board is a member of the USAR not on active duty and not on the Active Duty List, or the Soldier is a member of the ARNGUS, at least one voting member of the MMRB will be a member of the Soldier's component.

4-8. Voting members

a. *President.* The board president will be a combat arms, combat support, or combat service-support colonel (O6). This includes a lieutenant colonel frocked to colonel. The President need not be senior in date of rank to other colonels appearing before the board.

b. *Medical member.* The medical member will be a field grade Medical Corps officer or a civilian medical doctor designated by the MTF commander when a Medical Corps officer is not reasonably available. RC Medical Corps officers in the Ready Reserve or the Standby Reserve, Active Status, may serve as the medical member but must be in a duty status (Inactive Duty Training, to include for points only, active duty, or full-time National Guard duty).

c. *Additional voting members.* Three board members, as described below, will be appointed. If reasonably available, one member will be of the same branch, specialty, or PMOS as the Soldier appearing before the board. Otherwise, the three members will be from the Combat Arms, Combat Support, or Combat Service Support branches, unless the MMRBCA approves a request for exception based upon military exigencies.

(1) When officers appear before the MMRB, the three members will be field grade officers.

(2) When warrant officers appear before the MMRB, one of the board members must be a chief warrant officer three, four, or five and senior to the warrant officer under evaluation, unless the MMRBCA approves an exception. The other two members may be field grade or warrant officers. If more than one warrant officer serves, one may represent the required rank and the other, the MOS. To the maximum extent possible, one warrant officer should be of the same MOS as the warrant officer appearing before the board.

(3) When enlisted Soldiers appear before the board, one member will be a sergeant major (E-9), preferably a

command sergeant major (CSM), if a CSM is reasonably available. The other two members must be enlisted Soldiers in the pay grade of E-8 or E-9.

d. Additional board members. Soldiers who are assigned in the jurisdiction of a particular MMRB but are not under the authority of the MMRBCA may serve as board members for that command's MMRB with the approval of the Soldier's unit commander.

4-9. Nonvoting members

a. Personnel advisor. The personnel advisor will normally be a commissioned officer, warrant officer, senior personnel sergeant, or a DA civilian no less than grade level GS-7. The personnel advisor will advise the MMRB concerning personnel policy and procedure, the Soldier's PMOS duties, and common tasks related to the performance of the Soldier's PMOS duties in a field environment.

b. Recorder. The recorder will normally be an enlisted Soldier or DA civilian 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.

Section III Board Actions

4-10. Pre-hearing actions

When an MMRB is appointed, the actions listed below will take place prior to the hearing.

a. The MMRBCA or his or her delegate will refer the Soldier to the MMRB.

b. The recorder, as the official representative of the MMRBCA, will ensure all necessary administrative actions are accomplished.

c. The recorder is authorized to obtain all military health records and personnel records, excluding the restricted and service portions of the official military personnel file (OMPF).

d. The recorder will officially request the MTF or RC unit, as applicable, to assemble and screen the health record to determine if the permanent profile is current. Profiles older than 1 year will be validated by the appropriate medical authority designated by AR 40-501, chapter 7. If during the medical screen of the record, medical authorities determine that the Soldier's medical condition does not meet the medical retention standards of AR 40-501, chapter 3, the Soldier will bypass MMRB evaluation and be referred directly into the PDES or be processed for medical disqualification as appropriate. (See glossary for definitions of duty-related cases, nonduty-related cases, and medical disqualification.)

e. The recorder will prepare an MMRB worksheet for each board member prior to the hearing. The purpose and use of the MMRB worksheet is covered in paragraphs 4-13 and 4-14, below.

f. The recorder for the MMRB will—

(1) Notify the Soldier in writing of the scheduled hearing. (See fig 4-2.)

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

(3) Assemble the personnel records documents, medical records, commander's evaluation of the Soldier's performance, and any other pertinent documents for board review.

(4) Obtain a written acknowledgment from the Soldier of notification of the scheduled MMRB. The Soldier must appear before the MMRB. (See fig 4-3.)

(5) For enlisted Soldiers, excluding nondrilling IRR members, obtain from the Soldier's unit the counseling statement advising of the potential effect of MMRB findings on NCOES progression. This counseling statement may be combined with the notification acknowledgement. (See para 4-12 and fig 4-4.)

(6) Provide the Soldier a copy of commander's evaluation and other pertinent documents.

g. Soldier is responsible for providing any pertinent civilian medical documentation requested by the board for review. The documentation must be provided in a timely manner, not to exceed the conduct of two consecutive MMRBs or six months. Failure to provide appropriate documentation will not prohibit the board from making a determination based on the information available to it. This may result in the board making a finding adverse to the Soldiers interest.

4-11. Scheduling of the hearing

a. Sequencing. The MMRB recorder will schedule the sequence of appearance of Soldiers before an MMRB.

b. Geographical considerations. 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. (See para 4-3.)

4-12. Required statements

a. Commander's statement. The Soldier's immediate commander will write an evaluation of the Soldier's physical capability, addressing the impact of the profile limitations on the Soldier's ability to perform the full range of PMOS or specialty code duties. (See fig 4-4.) For enlisted Soldiers this includes consideration of the common tasks in STP

21–1–SMCT and the physical requirements contained in DA Pam 611–21. 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 also provide forwarding comments, if appropriate. (See fig 4–5.)

b. Counseling statement. Enlisted Soldiers below the grade of sergeant major will be counseled by the unit first sergeant (or the detachment noncommissioned officer in charge (NCOIC) if there is no first sergeant) on the impact of an MMRB decision of retention on the Soldier’s attendance at NCOES courses and career progression. (The commander or officer in charge (OIC) will counsel the first sergeant or detachment sergeant.) (See fig 4–3.) The statement of counseling will be submitted with the commander’s letter for inclusion in the MMRB record of proceedings. The statement will inform the Soldier that—

(1) Retention by the MMRBCA or by the PDES does not exempt the Soldier from meeting the physical requirements for graduation from NCOES.

(2) Attendance at NCOES is a prerequisite for promotion to sergeant through sergeant major.

(3) Generally, Soldiers who do not meet the graduation requirements for NCOES will not be promoted to the next higher grade or retain conditional promotion. However, Soldiers who are referred into the PDES remain in a promotable status and, if determined unfit, may be retired at pending promotion grade or receive disability severance pay at pending promotion grade. See AR 600-8-19 for enlisted promotion policy and AR 600-8-29 for officer promotion policy.

4–13. Conduct of proceedings

a. The MMRB is an administrative screening board. It will be conducted formally. However, a written transcript of the oral testimony of the proceedings is not required.

b. The personnel advisor will—

(1) Ensure the board members have an MMRB worksheet on each Soldier.

(2) Ensure the board members have a copy of the pertinent personnel records (such as the DA Form 2–1, DA Form 4037, and DA Form 3349, commander’s evaluation, or any pertinent personnel information).

(3) Provide the board a brief verbal summary of each Soldier appearing before the board. This summary should include the PMOS or specialty code, current assignment, common tasks relevant to performance of the PMOS in a field environment, and other pertinent facts so as to familiarize the board with each Soldier. The MMRB worksheet may be used in part or total to facilitate the summary process.

c. The medical officer must review all pertinent medical records of the Soldier prior to the board in order to interpret all information relevant to the Soldier’s medical condition and familiarize the board with that information.

d. The president will provide a formal “in brief” to the board and advise each Soldier appearing before the board how the board will be conducted, the purpose of the MMRB and possible conclusions which may be reached.

e. Each member of the board will review all documents and other correspondence that applies to the Soldier’s case.

f. Each Soldier will appear before the board separately. Each Soldier may elect to have present a spokesperson of his or her choosing with that person’s consent. There is no entitlement to legal counsel. The Soldier may present facts and call witnesses relevant to his or her physical performance, current MOS retention, and MOS reclassification preference. (See fig 4–6.) 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, occurrence, or aggravation of a disease or injury that he or she has.

g. 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.

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

i. Generally, Soldiers are required to appear before the MMRB. (See para 2-2c).

Section IV

Board Recommendations and Convening Authority Action

4–14. Deliberations

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 votes will constitute the board’s findings and recommendations. Each board member should record 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. A minority report by dissenting board members may be submitted in writing with the findings and recommendations.

4–15. Soldier notification

The president of the board, after deliberation, will verbally inform the Soldier of the findings and recommendations. The board will advise the Soldier that the board’s action will not become final until it has been reviewed and then

approved by the MMRBCA or his or her designee (see para 4–6). The president will inform the Soldier that a written rebuttal to any of the findings or recommendations may be submitted to the MMRBCA. (See fig 4–7.) For active duty and AGR Soldiers, the rebuttal will be in writing and be submitted to the recorder within 2 working days after the board adjourns. For other RC Soldiers, the MMRBCA will establish the appropriate rebuttal time frame. A summary of the board proceedings will be provided to the Soldier upon request.

4–16. Summary of board proceedings

A summary of the board proceedings along with any board member minority reports will be forwarded to the MMRBCA. Because 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 OMPF. If a Soldier is recommended for reclassification, change in specialty, or referred to the PDES, a detailed summary provides invaluable information necessary for the Army to make a final decision concerning the Soldier. See figure 4–8. As a minimum the summary must include—

- a. A detailed explanation of the board's rationale for its recommendation.
- b. When recommending reclassification, change in specialty, or referral to the PDES, the circumstances or evidence that documents how the Soldier's medical condition has prevented 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 the reason.

4–17. Recommendation: Retain in current PMOS or specialty code

This recommendation is appropriate when the Soldier's medical condition does not preclude satisfactory performance of PMOS or specialty code physical requirements in a worldwide field environment and when the Soldier's profile does not preclude those common tasks identified at paragraph 4–2. (See para 4–22 for personnel actions.)

4–18. Recommendation: Be placed in a probationary status

a. *Justification.* The MMRB will recommend probationary status when the board determines that the Soldier's disease or injury may be improved enough through a program of rest, rehabilitation, and/or physical therapy for the Soldier to become deployable worldwide.

b. *Time period.* The probationary period will not exceed a 6-month period for active duty and AGR Soldiers. The MMRBCA will establish an appropriate period for RC Soldiers other than AGR, not to exceed 1 year. (See para 4–23 for personnel actions.)

c. *Interim evaluation.* 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.

d. *Re-referral to the MMRB.*

(1) The Soldier's commander may refer the Soldier back to the MMRB before expiration of the probationary period if the Soldier does not make progress or the Soldier's condition improves or deteriorates so as to warrant an earlier re-evaluation.

(2) To the maximum extent possible, re-referral should be to the same convened MMRB that originally recommended probation. An 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.

(3) At the end of the probationary period, the MMRB must make a recommendation to—

- (a) Retain the Soldier in the PMOS or specialty code.
- (b) Reclassify or change specialties, if otherwise qualified.
- (c) Refer the Soldier to the Army's PDES or the RC medical disqualification process.

4–19. Recommendation: Reclassification or change in specialty

a. *Considerations.* In recommending reclassification or change in specialty, the MMRB will consider—

- (1) Expected value to the Army in a new PMOS or specialty.
- (2) Commander's comments.
- (3) Worldwide deployability.
- (4) Ability to perform in another MOS in a field environment.
- (5) Past and present job performance.
- (6) Prior military and civilian training and experience.
- (7) Armed Services Vocational Aptitude Battery (ASVAB) or Armed Forces Classification Test (AFCT) scores (for enlisted Soldiers only).
- (8) Ability to perform the minimum common tasks listed in paragraph 4–2.

b. *Action offices.* If reclassification or change in specialty code is the appropriate course of action, the Soldier should

be referred to a career counselor. The MMRB will provide justification and recommendations to the MMRBCA for forwarding to the appropriate action office. (See para 4-24 for personnel actions.)

c. Current information source. Current information for reclassification can be found in the DA Pam 611-21, Smart Book.

4-20. Recommendation: Refer to the PDES/RC medical disqualification process

a. Referral of the Soldier to the PDES for conduct of MEB and PEB or for processing for medical disqualification under RC regulations is the appropriate recommendation when the Soldier's assignment limitations or medical condition precludes satisfactory performance in the Soldier's PMOS or shortage/balanced MOS, or specialty code in a worldwide field environment. Included are Soldiers whose physical profiles include inability to perform any of the common military tasks listed in paragraph 4-2.

b. The MMRB will refer AGR and other RC Soldiers ordered to AD for greater than 30 days to the MEB/PEB. In the case of an RC Soldier not on active duty for a period of more than 30 days, the MMRB recommendation will be: "Refer for appropriate medical evaluation process under RC regulations." This is necessary because the RC must determine whether RC Soldiers not in the AGR program or ordered to active duty for greater than 30 days are eligible to be referred into the PDES as a duty-related case or as a nonduty-related case. Nonduty-related cases are ineligible for conduct of a MEB. See glossary for definition of duty-related and nonduty-related cases. Also, see paragraph 4-25.

c. Referral to the PDES by the MMRB does not mean the Soldier will be found unfit, or if found unfit, will be entitled to military disability compensation. The criteria for determining fitness and eligibility for disability compensation for purposes of retirement or separation for physical disability are set forth in Department of Defense Instruction (DODI) 1332.38 and AR 635-40.¹

Note. 1. The DODI changes certain provisions in the current AR 635-40.

4-21. 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 or higher or Chief Warrant Officer Four. In addition, the MMRBCA may delegate decision authority to the Soldier's SPCMCA per paragraph 4-6.

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 take one of the actions listed. The MMRBCA's decision must document the finding recommended by the MMRB and the decision of the MMRBCA.

(1) Approve the findings and recommendations of the MMRB and forward the case to the Soldier's servicing Military Personnel Division (MPD) or Organization Maintaining MPF for further processing. (See fig 4-8.)

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

(3) Approve one of the other actions available to the MMRB to recommend. (See para 2-1d.)

Section V

Action by Military Personnel Division or Organization Maintaining MPF

4-22. MMRBCA action to retain in PMOS or specialty code

a. Forward a copy of the MMRB proceedings and decision with enclosures to the Soldier through his or her chain of command. (See fig 4-9.)

b. Forward one copy of the MMRB summary of proceedings without enclosures—

(1) To the Soldier's career branch or equivalent RC office for those Soldiers who have a career management individual file (CMIF).

(2) For inclusion in the Soldier's OMPF.

4-23. MMRBCA action to place in a probationary status

a. Retain copy of action for suspense file. At the completion of the designated probationary period or sooner, if determined by the company-level commander, ensure the Soldier is re-referred to an MMRB.

b. Forward a copy of the MMRB decision and instructions through the Soldier's chain of command to his or her company-level commander. (See fig 4-10.)

4-24. Actions for MMRBCA recommendation for reclassification or change in specialty code

a. Retain copy in suspense file.

b. Interview the Soldier to determine eligibility for three shortage/balanced MOSs or specialty code preferences. For enlisted, use the physical requirements contained in table 10, DA Pam 611–21, to assist the Soldier in making MOS selections. The Soldier may present facts and documents (such as certificates, award of secondary or additional MOS or additional specialties) as proof of training.

c. Forward one copy of the MMRB proceedings and decision to the applicable office shown below. (See fig 4–11.)

(1) AHRC–EPR–F for active duty enlisted Soldiers. The process for preparing and submitting the MMRB reclassification recommendations to AHRC is now in the eMILPO application and includes initial input and processing on the RETAIN System by the installation/theater/major command Field Reclassification Authority.

(2) AHRC–OPB for officers on the Active Duty List.

(3) AR–HRC, ATTN: ARPC–ZAO for IRR and IMA Soldiers.

(4) ARPC–ARO for USAR AGR officers.

(5) ARPC–ARE for USAR AGR enlisted Soldiers.

(6) The 7th ARCOM for USAR TPU Soldiers under its command.

(7) APAG–RC, U.S. Army, Pacific for 9th RSC TPU Soldiers.

(8) For all other USAR TPU members, the applicable RSC.

(9) NGB–ARZ–T for ARNGUS AGR title 10 Soldiers.

(10) Applicable State Headquarters for ARNGUS AGR title 32 and unit members. (See NGR 600–200, chap 5.)

d. Ensure the following documents are included in the proceedings or are attached as enclosures to the forwarding memorandum:

(1) The applicable DA Form 2–1 and DA Form 4037 as designated by AR 600–8–104 and supplementing RC regulations.

(2) DA Form 3349 updated within the past 12 months.

(3) Commander’s or supervisor’s evaluation.

(4) 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.

(5) Any documents or statements pertaining to the Soldier’s physical capabilities or limitations.

(6) The MMRBCA’s signed decision to recommend reclassification.

e. Upon receipt of the final reclassification decision (see para 4–26), remove the suspense copy. Forward one copy of the reclassification decision for inclusion in the Soldier’s OMPF.

f. For Active Army enlisted Soldiers, upon receipt of the reclassification decision, process in accordance with eMILPO.

4–25. Actions for MMRBCA referral into the PDES/RC medical disqualification process

a. *Common to all cases.* When the MMRBCA approves a recommendation of referral into the PDES or the RC medical disqualification process, the board recorder or designee will—

(1) Maintain a copy of the MMRB summary in a ‘pending file’ for future reference.

(2) Notify the Command Surgeon.

(3) Notify the Soldier’s branch or career manager of the pending action.

b. *All Soldiers ordered to AD for a period of more than 30 days.* When the Soldier is ordered to AD for a period of more than 30 days when evaluated by the MMRB, forward the MMRB summary and decision (with enclosures) to the servicing MTF commander with a copy furnished to the Soldier’s unit commander. (See fig 4–12.)

c. *RC Soldiers not ordered to AD for a period greater than 30 days.* For cases of RC Soldiers not ordered to AD for a period of more than 30 days, there must be a determination of whether the Soldier is to be referred to the PEB under the duty-related process or the nonduty-related process. The duty-related process involves a MEB/PEB; the nonduty-related process, involves a PEB fitness determination. The MMRB does not determine the applicable process. Normally, this decision is made during post MMRB actions as described below.

(1) *Service-connected impairment.* If the Soldier’s medical impairment is service-connected, the Soldier is normally involuntarily referred for MEB/PEB by the RC referring organization. The exception occurs if the Soldier has 20 years creditable toward retirement; otherwise meets the requirements to draw nonregular retired pay upon reaching age 60; and waives referral to the PDES in writing and requests transfer to the Retired Reserve. If the Soldier does not meet the above-stated requirements, a copy of the MMRB summary and decision with enclosures and the line of duty determination establishing service-connection, if applicable, is forwarded to the Physical Evaluation Board Liaison Officer (PEBLO) to schedule a MEB. If the member contends that the medical impairment was incurred during previous AD of greater than 30 days, but no line of duty investigation, was initiated, the referring organization should confirm whether the member’s medical treatment records document service-connection in the line of duty. If so, the referring organization should initiate an informal line of duty investigation using this information, allowing the member to be processed under the duty-related process.

(2) *Nonservice-connected impairment.* If the member’s condition is nonservice-connected, the member may request referral to a non-duty related PEB to make the final determination of Soldier’s retention. Otherwise, the Soldier falls

below medical retention standard for a non-deployable condition and the RC may separate the Soldier for medical disqualification.

(a) Under AR 140-10, paragraph 6-1a(8), a Soldier may transfer to the Retired Reserve for medical reasons not as a result of own misconduct regardless of the Soldier's number of qualifying years of Service.

(b) Under DODD 1332.18 and DODI 1332.38 a member pending separation from the RC due to medical disqualification for nonservice-connected conditions must be afforded the opportunity to have fitness determined by a non-duty related PEB. The commander may also request a fit for duty determination.

d. *Impact of MEB determinations.* A MEB or RC post-MMRB medical review which determines that the Soldier meets medical retention standards does not allow the Soldier to be returned to duty as long as the Soldier's profile remains a P3 or P4. (Note: It is improbable that a Soldier who requires a P4 meets medical retention standards). With the exception of 1 and 2 below, the Soldier must be referred into the DES as provided in paragraph c, above.

(1) If the assignment and duty limitations are revised, the Soldier may be referred back to the MMRB for reconsideration. This is not a "return to duty."

(2) If the profile is upgraded to P2, the Soldier meets the medical retention standards, and the profile does not preclude any of the minimum common tasks listed in paragraph 4-2, above, the MMRBCA referral action is cancelled. The MMRBCA and the Soldier's personnel manager will be notified and the personnel data bases updated. However, if the command questions the appropriateness of the upgrade to P2, the case remains in a pending PEB referral until the P2 is reconfirmed by the MTF MEB approval authority.

e. *The RC referring organization.* In the case of an RC Soldier, other than AGR and USAR Soldiers ordered to active duty for longer than 30 days, return the case to the RC organization that referred the case to the Active Army MMRB for a determination of the appropriate fitness review process. The RC referring organization must determine whether the Soldier is eligible to be referred into the PDES as a duty-related case (see glossary). If Soldier's illness or injury is deemed nonduty-related (see glossary), referral into the PDES is based upon the request of the Soldier, as explained below.

(1) If the RC referring organization determines the case is to be processed as a duty-related case, the RC referring organization will forward a copy of the MMRB summary and decision with enclosures to the PEB liaison officer (PEBLO) of the servicing MTF to schedule an MEB. If the member's condition requires a line of duty determination, that determination must be forwarded with the MMRB proceedings to the PEBLO. All injuries require a line of duty determination. Referral for any disease incurred or manifested while the member was ordered to active duty for 30 days or less or while performing IDT requires a formal line of duty investigation.

(2) If the RC referring organization determines the Soldier's condition is unrelated to any performance of military duty, the Soldier will be processed for medical disqualification. DODD 1332.18 and DODI 1332.38 entitle RC Soldiers pending separation for medical disqualification to be referred to the PDES upon their request for solely a fitness determination. (See DODD 1332.18, para 3.5, and DODI 1332.38, para 4.2 and Encl 3, part 2, para E3.P2.3.) Such cases may be referred to an Army medical treatment facility for a medical examination to document the Soldier's medical status; however, they are not eligible for an MEB. When the Soldier requests referral to the PEB, the RC referring organization prepares and forwards the case to the PEB.

f. *The MMRBCA's decision.* The fact that the MEB or RC medical review determines that the Soldier meets medical retention standards does not nullify the MMRBCA's decision to refer the Soldier to the PDES or to the equivalent RC process if the Soldier's medical condition warrants a permanent 3 profile. However, revision of the profile, to include the duty limitations, may affect the MMRBCA's decision as follows:

(1) If the appropriate medical authority per AR 40-501, upgrades the profile to permanent 2, referral to the PDES or the equivalent RC process is no longer required. The MMRBCA, the Soldier, and his or her career branch or manager will be notified, and the Soldier's personnel records will be annotated to reflect the profile change.

(2) If the Soldier retains a permanent 3 or 4 profile but the assignment restrictions or duty limitations are revised, the Soldier will be re-evaluated by the MMRB in light of the new profile.

4-26. Action by reclassification authority

The appropriate reclassification authority identified in paragraph 4-24 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 affords the Soldier appropriate training considerations.

c. Coordinate the reclassification or specialty training requirements, if any, in a TDY and return or TDY en route status with appropriate follow-on assignment instructions. Transmit this information to the Soldier's servicing MPD/PSC by memorandum or electronically, as appropriate.

d. When a Soldier does not qualify for a new MOS or specialty code, direct referral to the PDES or applicable RC fitness review process. Reclassification for the sole purpose of providing Soldiers with continued military service without regard to Army needs is not an option. In some cases, the reclassification authority may return the reclassification recommendation to the MMRBCA requesting additional information, clarification, or request the MMRBCA reconsider his or her decision based on additional information provided by the reclassification authority.

e. Normally, give favorable consideration in reclassification recommendations when the Soldier meets the following criteria:

- (1) Staff sergeant (SSG) 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 of active Federal service.

f. Give unfavorable reclassification consideration for the following common reasons:

- (1) Severity of profile (such as no lifting over 10 common pounds, no performing of the minimum common tasks listed at paragraph 4-2).
- (2) Low scores on the ASVAB or the AFCT.
- (3) Senior NCO with over 16 years of 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.

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

ABCD-AG

(Date)

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

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

1. The 99th Infantry Division and Fort Defense MOS/Medical Retention Board evaluated Sergeant Franks' ability to perform the physical requirements of his PMOS 92I20 on 24 May 2000. Sergeant Franks was injured in a supply room accident on 10 January 1999. After the issuance of several temporary profiles during the recovery period, he was issued a permanent profile of 131111 on 8 March 2000 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 Sergeant Franks will be placed in a six-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 Sergeant 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 92Y.
3. Special Instructions: Sergeant 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
LTC, AG
Adjutant General

Figure 4-1. Sample appointment memorandum

MEMORANDUM THRU (Chain of Command)

FOR Commander, Co A, 3d Bn, 3d Inf.

SUBJECT: Notification of MOS/Medical Retention Board Proceedings for SGT George R. Sewell

1. Sergeant George R. Sewell, 123-45-6789, 11B20, a member of your command, has been identified as possessing a permanent physical profile with a three or four 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, 24 May 2000. The soldier is required to sign the enclosed statement of notification and counseling concerning promotable status while pending evaluation by the MMRB or referral into the Physical Disability Evaluation System and the implication of retention by the MMRB on career progression. The First Sergeant should conduct this counseling. Return both statements as enclosures to your 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 or her choosing with that person's consent. Legal counsel is not authorized. 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 or 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 that the soldier be reclassified or change specialty code. The soldier's medical condition precludes satisfactory physical performance in his or her current PMOS or specialty code, but does not preclude retraining and performance in an MOS or specialty code for which the Army has a requirement.
 - d. Refer the soldier to the Army Physical Disability Evaluation 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. As the soldier's commander, you are required to submit in writing an evaluation of the soldier's ability or 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 by 20 May 2000.

FOR THE COMMANDER:

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

STEPHEN G. MORTIARTY
CPT, AG
Assistant Adjutant General

Figure 4-2. Sample notification memorandum

ACKNOWLEDGMENT OF NOTIFICATION AND COUNSELING

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

- a. I am required to appear before the MMRB.
- b. Retention by the MOS/Medical Retention Board or by the Physical Disability Evaluation System does not exempt me from meeting the physical requirements for attendance and graduation from NCOES.
- c. Attendance at NCOES is a prerequisite for promotion to the grades of E-5 through E-9.
- d. If my medical condition precludes me from meeting the graduation requirements for my next level of NCOES, I will not be promoted to the next higher grade, or retain a conditional promotion.

SIGNATURE

DATE

(Soldier's Signature)

(Date)

SIGNATURE

(Counselor's Signature)

Figure 4–3. Sample acknowledgment of notification and counseling

[Letterhead]

Office Symbol

Date

MEMORANDUM THRU (Chain of Command)

FOR Commander, 99th Infantry Division and Fort Defense, ATTN: President, MMRB, Fort Defense, VA 12345

SUBJECT: Notification of MOS/Medical Retention Board Proceedings

1. Sergeant 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. Sergeant Sewell acknowledges notification. The First Sergeant counseled him that retention by the MMRB or a finding of fit by the PEB does not exempt him from meeting the physical requirements required for graduation from NCOES. He understands that failure to meet the physical requirements of NCOES will result in denial of promotion or loss of conditional promotion.

2. Sergeant 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, the common tasks of STP 21-1-SMCT, and the physical requirements specified for his MOS in DA Pam 611-21, Table 10. There is no doubt in my mind that Sergeant Sewell can physically perform any time, any place, or under any conditions.

Encl
Soldier's Acknowledgement of Notification
And Counseling

FREDERICK B. FALLON
Captain, IN
Commanding

Figure 4-4. Sample of unit commander's evaluation

[Letterhead]

Office Symbol

MEMORANDUM FOR Commander, 99th Inf Div and Fort Defense, ATTN: President, MMRB

SUBJECT: Notification of MOS/Medical Retention Board Proceedings

1. Strongly recommend retention of PMOS 11B20.
2. I totally agree with CPT Fallon's evaluation of Sergeant Sewell's physical performance. Sergeant 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 Sergeant Sewell's team placed first in the annual Small Unit Tactics Competition. I attribute this outstanding accomplishment to Sergeant Sewell's ability to train, lead, and motivate his men. This is the type of soldier who proves his abilities daily.

Encl
nc

THOMAS E. EDWARDS
LTC, IN
Commanding

Figure 4-5. Sample chain of command comment

MEMORANDUM FOR THE PRESIDENT OF THE MOS/MEDICAL RETENTION BOARD

SUBJECT: Personal Statement

1. Before 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 chains of command. Copies of these statements will be provided to the board.
 - b. I will read my prepared statement.
 - c. I will answer questions of the board.
 - d. Finally, (I) will present a summation 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. I initially injured my knee 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 to help the unit conduct the training. 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, SSN, grade and unit)

Figure 4–6. Sample of Soldier's statement

MEMORANDUM THRU President, MOS/Medical Retention Board

FOR Commander, 99th Inf Div and Fort Defense

SUBJECT: Rebuttal to ...

1. On 24 May 2000, there was a mandatory review of my medical profile by the MOS/Medical Retention Board. The recommendation of the board was that my case be referred to the Army's Physical Disability Evaluation 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 the physical requirements for his or her MOS and skill level identified in DA Pam 611-21. At a minimum, the soldier must be able to perform the common tasks specified in AR 600-60, para 4-3.
3. The standards required for MOS 71D , 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.
4. There is no obstacle in my current physical profile that would not enable me to satisfy and complete each of these required tasks. In addition my profile allows me to wear kevlar, load bearing equipment, protective mask, and fire my weapon—all necessary for performing my PMOS in the field or hostile environment. My profile allows me to participate in the APFT with the timed walk designated as the alternate aerobic event for my APFT.
5. 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, no sit-ups and push-ups, and the timed walk in place of the two-mile run. 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 in STP 21-1-SMCT or meeting the physical requirements for NCOES.
6. There are approximately 45 MSGs and 14 SGMs in my PMOS in the Active 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 7 legal specialists and enlisted personnel in the office; maintain the SJA suspense files; supervise records management and attendance records; develop manpower requirements; determine priorities and coordinate work assignments. This is a typical job description for a MSG or SGM 71D assignment any place 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. Finally, there is not one common skill task as set out in STP 21-2 that I cannot complete because of my physical profile.
7. 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.
8. 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.
9. I respectfully request that you reverse the findings of the Board.

*(Soldier's Signature
SSN
Grade, Unit)*

Figure 4-7. Sample Soldier's appeal

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

ABCD-AG

(Date)

MEMORANDUM FOR Commander, 99th Inf Div and Fort Defense

SUBJECT: Summary of MOS/Medical Retention Board Proceedings

1. Appointment/convening: The 99th Infantry Division and Fort Defense MOS/Medical Retention Board was appointed by letter, dated 1 May 2000. A copy of which is attached. The board convened at Fort Defense, VA, on 24 May 2000 and met pursuant to the foregoing letter of appointment at 0800 hours.

2. Persons present:

COL Robert A. Brown, President
LTC Calvin B. Parsons, Medical Member
LTC George B. Jones, Member
MAJ Ira F. Solomon, Member
MAJ Dennis R. Russell, Personnel Advisor
CSM Thomas F. Scott, Member
SGM Ryan R. Dennis, Member
MSG Thomas C. Newberry, Member
SSG David R. West, Recorder

3. Persons absent: None.

4. Evaluated: 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, 123-45-5789, 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 referral to the PDES, 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 4-8. Sample summary and approval of board proceedings

ABCD-AG

MEMORANDUM FOR

(Unit Commanders)

SUBJECT: Summary of MOS/Medical Retention Board Proceedings

The findings and recommendations of the 99th Inf Div and Fort Defense MOS/Medical Retention Board (MMRB) which convened 24 May 2000 are approved for the following soldiers:

- a. Sergeant Sewell, George R., 123-45-6789, 11B20 – Retain in MOS
- b.
- c.

“Signed”
FRANCES A. DENNIS
Major General, U.S. Army
Commanding

OMPF
CF: Soldier concerned

Career Branch Manager

Figure 4–8. Sample summary and approval of board proceedings—Continued

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

ABCD-AG

(Date)

MEMORANDUM FOR Sergeant George R. Sewell, Company A, 34d Battalion, 3rd Infantry, 99th Infantry Division,
Fort Defense, VA 12345

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

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 24 May 2000. Based on a thorough review of your most recent permanent physical profile, dated 5 March 2000, 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, your profile duty limitations become more restrictive, you receive another permanent 3 or permanent 4 in your physical profile serial, or your commander determines after an appropriate period of time that you are unable to perform your PMOS duties due to your medical condition.
3. A copy of this correspondence will be forwarded for inclusion in your Official Military Personnel File and to your Career Branch at PERSCOM.

FOR THE MMRB CONVENING AUTHORITY:

Encl
Summary of Board Proceedings

“Signed”
RICHARD P. PRESLEY
LTC, AG
Adjutant General

Figure 4–9. Sample record of proceedings (Retention)

DEPARTMENT OF THE ARMY

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

ABCD-AG

1 May 2000

SUBJECT: Appointment of MOS/Medical Retention Board

MEMORANDUM FOR SEE DISTRIBUTION

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 Evaluation System.

2. The following members are appointed to the board:

COL Robert A. Brown, HHC, 1st Inf Bde, 99th Inf Div, Fort Defense, VA 12345 (President)
LTC Calvin B. Parsons, HHC, 1st MEDDAC, Fort Defense, VA 12345 (Medical Officer)
LTC George B. Jones, HHC, 1st BN, 1st Inf, 99th Inf Div, Fort Defense, VA 12345 (Member)
MAJ Ira F. Solomon, HHC, 3rd Bn, 2nd Inf, 99th Inf Div, Fort Defense, VA 12345 (Member)
MAJ Dennis R. Russell, 99th AG Company, 99th Inf Div, Fort Defense, VA 12345 (Personnel Advisor without vote.)
CSM Thomas F. Scott, HHC, 123rd Transportation Bn, 99th Inf Div, Fort Defense, VA 12345 (Member)
SGM Ryan R. Dennis, HHC, 1st BN, 1st Inf, 99th Inf div, Fort Defense, VA 12345 (Member)
MSG Thomas C. Newberry, HHC, 3rd Bn, 2nd Inf, 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 use the procedures set forth in the Physical Performance Evaluation System, AR 600-60. The MMRB is not an adversarial 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 4-8, and submitted to this headquarters, ATTN: ABCD-AG-PM. Submit reports within seven 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 15 May 00 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
LTC, AG
Adjutant General

DISTRIBUTION

Each member

Figure 4-10. Sample probationary period evaluation memorandum

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

ABCD-AG

(Date)

MEMORANDUM FOR Commander, U.S. Total Army Personnel Command, ATTN: TAPC-EPT-H,
2461 Eisenhower Avenue, Alexandria, VA 22331

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

1. The 99th Infantry Division and Fort Defense MOS/Medical Retention Board (MMRB) evaluated the abilities of Sergeant Rogers to perform the physical requirements of his PMOS on 24 May 2000.
2. Based on a thorough review of his most recent permanent physical profile, dated 28 March 2000, and all other pertinent records and reports, the MMRB determined that SGT Rogers should not be retained in his PMOS. However, it appears that Sergeant 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 92Y, 26Y, and 26L. All three MOSs are listed as a shortage or balanced MOS according to the skill alignment module (TSAM) listing.
3. Point of contact is Sergeant Jones, DSN 111-1111.

FOR THE MMRB CONVENING AUTHORITY:

7 enclosures

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

RICHARD P. PRESLEY
LTC, AG
Adjutant General

Figure 4-11. Sample reclassification recommendation

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

ABCD-AG

(Date)

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

FOR Commander, 1st MEDDAC, Fort Defense, VA 12345

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

1. The 99th Infantry Division MOS/Medical Retention Board (MMRB) evaluated the abilities of Sergeant Clayclam to perform the physical requirements of his PMOS on 24 May 2000. Based on a thorough review of his most recent permanent physical profile, dated 15 March 2000, 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 a Medical Evaluation Board (MEB).
4. The soldier's case will be forwarded to a Physical Evaluation Board (PEB) regardless of the MEB findings and recommendations, so long as the soldier retains a P3 profile. If during the MEB process, medical authorities determine that the soldier's current assignment or duty limitations are not appropriate, and the result is the issuance of a less restrictive permanent physical profile, submit a copy of the new DA Form 3349 to this headquarters, ATTN: ABCD-AG, to determine if PEB referral is appropriate. If the soldier's profile is upgraded to P2 and the soldier meets medical retention standards, the soldier will be returned to duty and this headquarters notified.

FOR THE MMRB CONVENING AUTHORITY:

4 Enclosures

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

RICHARD P. PRESLEY
LTC, AG
Adjutant General

Figure 4-12. Sample MMRB appointing authority referral into the Physical Disability Evaluation System (MEB/PEB)

Appendix A References

Section I Required Publications

AR 40-501

Standards of Medical Fitness. (Cited in paras 2-2, 2-3, 2-6, 4-10, and 4-25.)

AR 600-8-11

Reassignment. (Cited in para 3-6.)

AR 600-20

Army Command Policy. (Cited in para 2-6.)

AR 614-30

Overseas Service. (Cited in para 3-6.))

AR 635-40

Physical Evaluation for Retention, Retirement or Separation. (Cited in paras 1-11 and 4-20.)

DA Pam 611-21

Military Occupational Classification and Structure. (Cited in paras 4-1, 4-2, 4-12, and 4-24 and figures 4-4 and 4-7.)

DODD 1332.18

Separation or Retirement for Physical Disability. Obtain at Internet site <http://www.dtic.mil/whs/directives/>. (Cited in para 4-25.)

DODI 1332.38

Physical Disability Evaluation. Obtain at Internet site <http://www.dtic.mil/whs/directives/>. (Cited in paras 4-20 and 4-25.)

STP 21-1-SMCT

Soldier's Manual of Common Tasks, Warrior Skills, Level 1. (Cited in paras 4-2 and 4-12 and figures 4-4 and 4-7.)

Section II Related Publications

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

AR 40-3

Medical, Dental, and Veterinary Care

AR 40-66

Medical Record Administration and Health Care Documentation

AR 40-400

Patient Administration

AR 135-18

The Active Guard Reserve (AGR) Program

AR 135-91

Service Obligations, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures

AR 135-175

Separation of Officers

AR 135-178

Enlisted Administrative Separations

AR 135–210

Order to Active Duty as Individuals for Other Than a Presidential Selected Reserve Call-up, Partial or Full Mobilization

AR 135–215

Officer Periods of Service on Active Duty

AR 140–111

U.S. Army Reserve Reenlistment Program

AR 600–8–19

Enlisted Promotions and Reductions

AR 600–8–24

Officers Transfers and Discharges

AR 600–8–29

Officer Promotions

AR 600–8–101

Personnel Processing (In-and-Out-Soldier Readiness, Mobilization, and Deployment Processing)

AR 600–8–104

Military Personnel Information Management/Records

AR 601–100

Appointment of Commissioned and Warrant Officers in the Regular Army

AR 601–280

Army Reenlistment Program

AR 611–1

Military Occupational Classification Structure Development and Implementation

AR 614–100

Officer Assignment Policies, Details, and Transfers

AR 614–200

Enlistment Assignments and Utilization Management

AR 635–200

Active Duty Enlisted Administrative Separations

DA Pam 600–3

Commissioned Officer Professional Development and Career Management

DODD 6130.3

Physical Standards for Appointment, Enlistment, and Induction. Obtain at <http://www.dtic.mil/whs/directives/>.

NGR (AR) 600–5

The Active Guard/Reserve (AGR) Program, Title 32, Full-Time National Guard Duty (FTNGD). Obtain at Internet site <http://www.ngbpdcc.ngb.army.mil/arngfiles.asp>.

NGR (AR) 600–100

Commissioned Officers - Federal Recognition And Related Personnel Actions. Obtain at Internet site <http://www.ngbpdcc.ngb.army.mil/arngfiles.asp>.

NGR 600–200

Enlisted Personnel Management. Obtain from Internet site <http://www.ngbpdcc.ngb.army.mil/arngfiles.asp> or from Chief, National Guard Bureau, 2500 Army Pentagon, Washington, DC 20310–2500.

Section III
Prescribed Forms

This section contains no entries.

Section IV
Referenced Forms

Except as otherwise indicated below, the following forms are available on the Army Publishing Directorate Web site (www.apd.army.mil).

DA Form 2-1

Personnel Qualification Record

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3349

Physical Profile

DA Form 4037

Officer Record Brief.

Glossary

Section I Abbreviations

ADL

active duty list

AGR

Active Guard Reserve

APFT

Army physical fitness test

ARCOM

United States Army Reserve Command

ARNG

Army National Guard

ARNGUS

Army National Guard of the United States

AHRC-STL

United States Army Human Resources Command-St. Louis

AR-HRC

United States Army Reserve Human Resources Command

ASVAB

Armed Services Vocational Aptitude Battery

BCT

basic combat training

CAR

Chief, Army Reserve

CG

Commanding General

CNGB

Chief, National Guard Bureau

CONUS

continental United States

CMIF

career management individual file

CSM

command sergeant major

DA

Department of the Army

DARNG

Director, Army National Guard

DCS, G-1

Deputy Chief of Staff, G-1

DODD

Department of Defense Directive

DODI

Department of Defense Instruction

eMILPO

Electronic Military Personnel Office

ETS

Expiration Term of Service

FSTE

foreign service tour extensions

HQDA

Headquarters, Department of the Army

IDT

inactive duty training

IET

initial entry training

IMA

Individual Mobilization Augmentee

IMT

initial military training

ING

Inactive National Guard

IRR

Individual Ready Reserve

MEDCOM

U.S. Army Medical Command

MILPO

Military Personnel Office

MOS

military occupational specialty

MTF

medical treatment facility

NARSUM

narrative summary

NBC

nuclear, biological, and chemical

NCOES

Noncommissioned Officer Educational System

NCOIC

Noncommissioned Officer in Charge

NGB

National Guard Bureau

NGR

National Guard Regulation

OCAR

Office of the Chief, Army Reserve

OCONUS

outside the continental United States

ODCS, G-1

Office of the Deputy Chief of Staff, G-1

OIC

officer in charge

OMPF

official military personnel file

OTV

outer tactical vest

Pam

Pamphlet

PDES

Physical Disability Evaluation System

PEB

Physical Evaluation Board

PMOS

Primary Military Occupational Specialty

PPES

Physical Performance Evaluation System

PSC

Physical Performance Evaluation System

PULHES

Physical profile serial code (numerical)

REFRAD

release from active duty

RRC

regional readiness command

SSG

staff sergeant

STP

Soldier training publication

TRADOC

U.S. Army Training and Doctrine Command

TDY

Temporary Duty

TPU

troop program unit

TSG

The Surgeon General

UCMJ

Uniform Code of Military Justice

USAPDA

United States Army Physical Disability Agency

USAR

United States Army Reserve

USARC

United States Army Reserve Command

USASOC

United States Army Special Operations Command

Section II**Terms****Accession standards**

Physical standards or guidelines that establish the minimum medical conditions and physical defects acceptable for an individual to be considered eligible for appointment, enlistment, or induction into the military services under DODD 6130.3.

Duty-related cases

Soldiers referred into the PDES via a Medical Evaluation Board and whose PEB evaluation includes a determination of eligibility for disability compensation. (See DODI 1332.38.) This includes all Active Army, AGR, and RC Soldiers currently on active duty, or, for ARNGUS, full-time National Guard duty (FTNGD) of more than 30 days. For all other RC Soldiers, it refers to those RC Soldiers whose medical impairments were incurred, aggravated, or who experienced an incident of manifestation that gives rise to a question of aggravation while the Soldier was in a duty status. Normally, if a line of duty determination is required, then the case is considered a duty-related case regardless of the line of duty findings. However, the RC referring organization determines case category.

Medical disqualification

Generally, this phrase pertains to RC Soldiers who are not on extended active duty and who fall below the medical retention standards of AR 40–501, chapter 3, for a civilian-incurred condition. (For example, drilling RC members who are injured at home or at civilian employment.) DODI 1332.38 provides these Soldiers the right to request a fitness determination by the PDES if they nonconcur with separation for medical disqualification. While the standard for separation for medical disqualification is a medical condition that falls below medical retention standards, the standard under the PDES is a condition that prevents the Soldier from reasonably performing the duties of office, grade, rank or rating. Thus, it is possible for a Soldier who does not meet medical retention standards to be found fit under the PDES.

Nonduty-related impairments

Pertains to RC Soldiers who have impairments that were neither incurred nor aggravated while the member was performing duty. This includes no incident of manifestation while performing duty that raises the question of aggravation. RC Soldiers with nonduty-related impairments are eligible to be referred into the PDES for solely a fitness determination (and not a determination of eligibility for disability benefits) upon notification that they are pending separation for medical disqualification. (This definition primarily relates to the nonduty-related process for RC Soldiers in a TPU/IRR status and pending separation for medical disqualification for conditions incurred while in a civilian status.)

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.

Physical Disability Evaluation System

The Medical Evaluation Board, Physical Evaluation Board, and any required review by HQ, USAPDA compose the Physical Disability Evaluation System (PDES). The MMRB is not part of the PDES but is a feeder into it.

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.

PULHES

P=Physical capacity; U=Upper extremities; L=Lower extremities; H=Hearing-ears; E=Vision-eyes; S=Psychiatric

RC referring organization

This is the organizational level that determines whether the case of an RC Soldier who is not on extended active duty and who does not meet medical retention standards is referred directly to the PDES (duty-related cases) or is processed for medical disqualification (nonduty-related cases).

Section III**Special Abbreviations and Terms**

This publication uses the following abbreviations, brevity codes, or acronyms not contained in AR 25–52. (This includes use for names of boards, action officers, and military organizations.)

AFCT

Armed Forces Classification Test

AHRC

U.S. Army Human Resources Command

APFT

Army Physical Fitness Test

GCMCA

General Court Martial Convening Authority

MEB

Medical Evaluation Board

MMRB

MOS/Medical Retention Board

MMRBCA

MMRB Convening Authority

MPD

Military Personnel Division

PEBLO

Physical Evaluation Board Liaison Officer

PDES

Physical Disability Evaluation System

RC
Reserve Components

RSC
Regional Support Command (USAR)

SPCMCA
Special Court-Martial Convening Authority

Index

This index contains no entries.

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