

MEDICAL EVALUATION BOARD PROCEEDINGS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

MEDICAL TREATMENT FACILITY

DATE
(YYYYMMDD)

1. NAME (Last, First, MI)		2. GRADE	3. SSN	4. COMPONENT
5. DEPARTMENT		6. SEX	7. DATE OF BIRTH	8. ORGANIZATION
9. TOTAL YEARS OF MILITARY SERVICE		10. DATE ENTERED CURRENT TOUR OF ACTIVE DUTY (YYYYMMDD)		11. MILITARY OCCUPATIONAL SPECIALTY (include code)
a. ACTIVE	b. INACTIVE			

ACTION BY THE BOARD
BY DIRECTION OF THE APPOINTING AUTHORITY,
THE BOARD CONVENED TO EVALUATE THE PATIENT IDENTIFIED ABOVE

12. The patient did did not present views in own behalf. (When presented, attach a summary of the patient's comments to the report)
Click here for initials:

13. DIAGNOSIS

AFTER CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION, THE BOARD FINDS THAT THE PATIENT HAS THE FOLLOWING MEDICAL CONDITIONS/DEFECTS. LIST ALL DIAGNOSIS. a	APPROXIMATE DATE OF ORIGIN b	INCURRED WHILE ENTITLED TO BASE PAY c		EXISTED PRIOR TO SERVICE d		PERMANENTLY AGGRAVATED BY SERVICE e	
		YES	NO	YES	NO	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. The board recommends that the patient be:

<input type="checkbox"/> Returned to duty	<input type="checkbox"/> Referred to a Physical Evaluation Board (PEB)
<input type="checkbox"/> Returned to duty with the following limitations:	<input type="checkbox"/> Other (specify)

15. The patient does does not desire to continue on active duty under AR 635-40. (Complete only when patient is referred to PEB)

16. Continuance on active duty under provisions of AR 635-40 is is not medically contraindicated. (Complete when answer to item 15 is affirmative) Enter assignment limitations in Item 30.

17. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE
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18. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE
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19. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE
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ACTION BY THE APPROVING AUTHORITY

20. The findings and recommendation of the board are approved.

21. The report of the board is returned for reconsideration.

22. The report of the board is forwarded to: _____ Comments are attached as inclosure

23. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE (YYYYMMDD)
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ACTION BY PATIENT

24. I have been informed of the approved findings and recommendation of the board.

I agree with the board's findings and recommendation. Click here for initials: ..

I do not agree with the board's findings and recommendation. My appeal is attached as inclosure

25. TYPED NAME, GRADE AND SSN	SIGNATURE	DATE (YYYYMMDD)
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Grade: , SSN: _____

FURTHER ACTION BY APPROVING AUTHORITY

26. The appeal has been considered and the original findings and recommendation are confirmed.

27. The appeal has been considered and the report of the board is returned for reconsideration. Attach further action as inclosure

28. The appeal has been considered and the report of the board is forwarded to: _____
Comments are attached as Enclosure _____

29. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE (YYYYMMDD)
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30. CONTINUATION (Identify by item number)

TRANSITION POINT:

Continuation of Block #24:

I have reviewed the contents of the Medical Evaluation Board (MEB) packet and read the attached DA Form 3947 (Medical Board Proceedings), Narrative Summary (NARSUM), and the Physical Profile (DA Form 3349).

a. In regard to issues relating to fitness for duty and disability compensation, I understand that the PEB will consider and review only those conditions listed on the DA Form 3947.

b. The DA Form 3947 includes all my current medical conditions and whether or not they meet medical retention standards.

c. The conditions which do not meet medical retention standards are properly listed on the following three documents: DA Form 3947; the Narrative Summary; and the Physical Profile (DA Form 3349).

d. All documentation of military medical care in my possession has been provided to the Physical Evaluation Board Liaison Officer for inclusion in this MEB.

e. I agree that this MEB accurately covers all my current medical conditions.

f. If I do not agree with any of these statements and/or I do not agree with the contents of the MEB as reflected in my election at item 24, above, I have provided all my disagreements and concerns in the attached appeal.

