

**PEB REFERRAL TRANSMITTAL DOCUMENT**

For use of this form, see AR 635-40; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC chapter 61 and 5 USC 301  
**PRINCIPAL PURPOSE:** Transmittal of Medical Evaluation Board and allied documents to the Physical Evaluation Board.  
**ROUTINE USES:** Confirmation of documents submitted. Reference data to contact Soldier as required.  
**DISCLOSURE:** Disclosure is voluntary; however, failing to provide information may delay timely processing of case.

1. TO *(Designate applicable PEB and address)*

2. FROM <i>(MTF and address)</i>	3. DATE (YYYYMMDD)
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4. NAME <i>(Last, first, middle)</i>	5. RANK
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6. SOLDIER'S UNIT ADDRESS	7. DUTY PHONE <i>(List DSN)</i>
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8. SOLDIER'S HOME ADDRESS	9. RESIDENTIAL PHONE
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10. MEB DOCUMENT CHECKLIST REQUIRED BY PEB *(Updated 1 JAN 2008)*

**MEB DOCUMENTS** *(in this order)*

a	<input type="checkbox"/>	<input type="checkbox"/>	MEB Proceedings <i>(DA Form 3947 or appropriate Interservice/Triservice MEB)</i>
b	<input type="checkbox"/>	<input type="checkbox"/>	NARSUM
c	<input type="checkbox"/>	<input type="checkbox"/>	Additional Medical Documents supporting NARSUM or Addendum <i>(i.e Medication Profile, Photos as appropriate), Health Record and associated clinical records</i>
d	<input type="checkbox"/>	<input type="checkbox"/>	Physical Exam <i>(DD Form 2808 &amp; DD 2807-1)</i>
e	<input type="checkbox"/>	<input type="checkbox"/>	Physical Profile <i>(DA Form 3349)</i>

**PERSONNEL DOCUMENTS** *(in this order)*

f	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability Evaluation System <i>(PDES) Commander's Performance &amp; Functional Statement (DA Form 7652) (Include copy of MMRB, as applicable)</i>
g	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Orders, amendments and/or revocations
h	<input type="checkbox"/>	<input type="checkbox"/>	Approved LOD Decision (DD Form 261/DA Form 2173) <i>(when required)</i>
i	<input type="checkbox"/>	<input type="checkbox"/>	OERs / NCOERs and or Developmental Counseling- Last three <i>(as applicable)</i>
j	<input type="checkbox"/>	<input type="checkbox"/>	ORB/ERB/PQR/ Officer /Enlisted Record Brief, Personnel Qualification Record or Equivalent
k	<input type="checkbox"/>	<input type="checkbox"/>	LES Leave and Earnings Statement (DFAS Form 702)
l	<input type="checkbox"/>	<input type="checkbox"/>	ACAP Pre-Separation Counseling Checklist (DD Form 2648)

**RC/NG Documents**

m	<input type="checkbox"/>	<input type="checkbox"/>	Individual Mobilization Orders to also include extension orders, if applicable
n	<input type="checkbox"/>	<input type="checkbox"/>	ADME/CBHCO Orders
o	<input type="checkbox"/>	<input type="checkbox"/>	Attachment Orders
p	<input type="checkbox"/>	<input type="checkbox"/>	15/20-Year Letter
q	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Points Statement (NGB Form 23 or ARPC Form 249-2-E) - Thru current RYE

**OTHER**

r	<input type="checkbox"/>	<input type="checkbox"/>	Other
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11. TYPED NAME OF PEBLO	12. SIGNATURE
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