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

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	11. MILITARY OCCUPATIONAL SPECIALITY *(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)*

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. USE JOINT ARMED FORCES TERMINOLOGY AND DIAGNOSTIC CODE(S).	APPROXIMATE DATE OF ORIGIN	INCURRED WHILE ENTITLED TO BASE PAY c		EXISTED PRIOR TO SERVICE d		PERMANENTLY AGGRAVATED BY SERVICE e	
a	b	YES	NO	YES	NO	YES	NO

14. The board recommends that the patient be:

☐ Returned to duty
☐ Returned to duty with the following limitations:
☐ Referred to a Physical Evaluation Board (PEB)
☐ 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
18. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE
19. TYPED NAME AND GRADE OF PHYSICIAN	SIGNATURE

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

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.

☐ 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

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 _____ .

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

29. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

30. CONTINUATION *(Identify by item number)*