

PHYSICAL EVALUATION BOARD (PEB) PROCEEDINGS
 For use of this form, see AR 635-40; the proponent agency is USAPDA

1. NAME (Last, First, Middle Initial) ██████████		2. RANK PV2	3. PEBD: 97.05.19 BASD: 99.11.08						
4. SOCIAL SECURITY NUMBER ██████████	5. PMOS 92F10	6. BRANCH / COMPONENT TEMPORARY TOUR OF ACTIVE DUTY: GUARD			c. Intentional misconduct, willful neglect or unauthorized absence				
7. THE PEB CONSISTED OF THE INDIVIDUALS INDICATED IN EXHIBIT A									
DATE CONVENED 06.03.14		AT (Location including ZIP Code) Fort Lewis WA 98431-5303							
8. THE BOARD CONSIDERED THE MEMBER'S CONDITION DESCRIBED IN THE RECORDS. EACH DISABILITY IS LISTED BELOW in descending order of significance									
VA CODE a	DISABILITY DESCRIPTION b				g. Recommended disability percentage				
					c	d	e	f	g
5237	Chronic left sided neck pain arising from a sudden maneuver of the helicopter he was crew in during combat operations in Iraq (10 A/C), Sep 03, reportedly initially with extensive pain and numbness, which has gradually resolved. Imaging is essentially normal, no radicular signs, range of motion of cervical spine and upper extremities is normal. No tenderness of spine; however, left trapezius is mildly tender. (MEBD Dx 1, NARSUM)				N	Y	Y	Y	0%
9411	<p>Posttraumatic Stress Disorder, arising from combat experiences in Iraq (10 A/C), with significant complications contributed by alcohol and methamphetamine abuse, personality disorder, currently in ASAP. Minimum rating by apportionment. (MEBD Dx 2, NARSUM, Psychiatric Axis I)</p> <p>Your functional limitations in maintaining the appropriate level of vigor and military adaptability, caused by the physical impairments recorded above, make you medically unfit to perform the duties required of a Soldier of your rank and primary specialty.</p> <p>Conditions listed as medical board diagnoses #3, 4, 5, 6, 7, 8, were considered by the PEB and found to be not unfitting and therefore not ratable.</p> <p>It is noted that your disability rating is less than 30 percent. For Soldiers with a disability rating of less than 30 percent and with less than 20 years of active federal service, AR 635-40 requires separation from service with severance pay. Severance pay is computed by multiplying monthly basic pay times 2 times each year of active federal service - not to exceed 12. A period of 6 months or more is considered a whole year. Note that the percentage of disability is not a factor in this computation.</p> <p>The membership of the PEB considering this case included a voting member from the Reserve Component.</p> <p>Since you have service-connected medical conditions, you should contact a Department of Veterans Affairs counselor to learn about available benefits such as disability compensation, rehabilitation programs, insurance programs, employment assistance, home loans, and medical care benefits. You must start the action! None of the above benefits are automatic.</p> <p>You are advised that a member of an armed force may not be required to sign a statement relating to the origin, incurrence, or aggravation of a disease or injury that he/she has.</p>				N	Y	Y	Y	0%

13. ELECTION OF SOLDIER

TO: President, Physical Evaluation Board

I HAVE BEEN ADVISED OF THE FINDINGS AND RECOMMENDATIONS OF THE PHYSICAL EVALUATION BOARD, AND HAVE RECEIVED A FULL EXPLANATION OF THE RESULTS OF THE FINDINGS AND RECOMMENDATIONS AND LEGAL RIGHTS PERTAINING THERETO AND

FOR INFORMAL PROCEEDINGS ON SOLDIERS DETERMINED FIT (EXCEPT MEMBERS ON THE TDRL)

I CONCUR.

I DO NOT CONCUR. MY WRITTEN APPEAL _____ IS ATTACHED _____ IS NOT ATTACHED. I UNDERSTAND THAT FAILURE TO SUBMIT A WRITTEN APPEAL MAY RESULT IN FINAL PROCESSING OF MY CASE WITHOUT REVIEW BY HQ, USAPDA.

FOR ALL OTHER INFORMAL PROCEEDINGS

_____ I CONCUR AND WAIVE A FORMAL HEARING OF MY CASE.

_____ I DO NOT CONCUR BUT WAIVE A FORMAL HEARING. MY WRITTEN APPEAL _____ IS ATTACHED _____ IS NOT ATTACHED. I UNDERSTAND THAT FAILURE TO SUBMIT A WRITTEN APPEAL MAY RESULT IN FINAL PROCESSING OF MY CASE WITHOUT REVIEW BY HQ, USAPDA.

_____ I DO NOT CONCUR AND DEMAND A FORMAL HEARING _____ WITH PERSONAL APPEARANCE _____ WITHOUT PERSONAL APPEARANCE. MY STATEMENT IDENTIFYING MY ISSUES OF DISAGREEMENT WITH THE INFORMAL PEB _____ IS ATTACHED _____ IS NOT ATTACHED.

_____ I REQUEST A REGULARLY APPOINTED COUNSEL TO REPRESENT ME.

_____ I WILL HAVE COUNSEL OF MY CHOICE AT NO EXPENSE TO THE GOVERNMENT. I UNDERSTAND THAT I MUST NOTIFY MY COUNSEL AT THIS TIME OF THE PENDING HEARING. I FURTHER UNDERSTAND THAT A DELAY WILL NOT BE GRANTED HERELY BECAUSE I DID NOT CONTACT MY COUNSEL IN SUFFICIENT TIME FOR HIM OR HER TO PROPERLY PREPARE. I WILL INFORM MY COUNSEL THAT HE OR SHE SHOULD IMMEDIATELY CONTACT THE PEB TO COORDINATE FURTHER ACTIONS IN MY CASE.

TYPED NAME & GRADE OF SOLDIER

SIGNATURE

DATE

14. COUNSELOR'S STATEMENT

I have informed the soldier of the findings and recommendations of the Physical Evaluation Board and explained to him/her the result of the findings and recommendations and his/her legal rights pertaining thereto. The soldier has made the election(s) shown above.

TYPE NAME AND GRADE OF COUNSELOR

SIGNATURE

DATE

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
[REDACTED] MD, FAMILY PRACTICE/MED BOARDS

SIGNATURE

18. TYPED NAME AND GRADE OF PHYSICIAN
[REDACTED], MD, CHIEF, PSYCHIATRY SERVICES

SIGNATURE

19. TYPED NAME AND GRADE OF PHYSICIAN
[REDACTED] LTC, MC, C, ORTHOPEDICS

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

[REDACTED] COL, MC, DCCS

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

[REDACTED]

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)

Transfer Point -

Email: [REDACTED]