

# The Disability Evaluation System for DAV Service Officers

*The Military Services' Processes for Handling Medical Evaluation  
Boards and Physical Evaluation Boards*



**DISABLED AMERICAN VETERANS**  
[www.dav.org](http://www.dav.org)

## **PART I – Introduction to DAV’s Military Affairs Program**

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A primary objective of the U.S. military is to provide for our nation’s defense through a ready and fit organization that can use its manpower to its maximum potential. When service members are injured or become ill, the military will determine whether these individuals can effectively continue to contribute to the mission of our nation’s defense. When it is determined that a service member can no longer perform the duties of his or her office, grade, rank, or rating due to disability, that service member will be evaluated by his or her service’s Disability Evaluation System (DES).



The DES encompasses a complex set of laws, regulations, instructions, and policies, which are often difficult to understand. The DES is primarily governed by the Department of Defense Instructions (DoDI) 1332.38 & 1332.39. In addition, each military branch of service has and applies its own regulations, which cannot supersede the DoD promulgated instructions.

### Involvement of DAV’s National Service Department in the Disability Evaluation System

A service member can appeal the finding of a proposed medical disability discharge before the Physical Evaluation Board (PEB) of the DES in-person without counsel, or may be represented by either military-provided or personally funded legal counsel. The service member can also elect to have counsel from an accredited representative of an organization recognized by the Secretary of the Department of Veterans Affairs (VA) under Chapter 59 of Title 38 U.S.C. and Title 10 U.S.C. § 2679.

Upon request by a service member, or veteran if on the Temporary Disability Retired List (TDRL), our National Service Department will provide an NSO to act as counsel for the service member during his or her DES proceedings. The NSO has the following responsibilities:

- 1) The NSO will confer with and fully inform and advise the service member of legal and other substantive considerations in his or her case;
- 2) Represent the service member by presenting information, argument, and advocacy to the PEB on behalf of the servicemember;
- 3) Arrange for the presence of desired witnesses, if necessary, and evidence in support of the service member’s case;
- 4) Interview witnesses prior to the hearing, and, if necessary, question them during the hearing;

- 5) Counsel the member regarding the hearing panel's findings and options available to the service member and recommend most favorable courses of action, which are consistent with the intent of statutes, regulations, and directives addressing disability evaluation and administration;
- 6) Advise the service member of the requirements for written appeals of PEB decisions, known as a Petition For Relief (PFR); rebuttal; or reconsideration; and,
- 7) At the request of a service member, the NSO can prepare or assist in the preparation of this PFR for appellate review, which is forwarded to the military service department's office of the Secretary

#### Information for Counseling/Assisting Service Members and Veterans in the DES

It is critically important that an NSO contact the DAV National Service Office in the jurisdiction of the PEB (see PEB contact list on pages 11 and 12) upon being contacted by a service member who has been referred to the DES or a veteran who is pending TDRL reevaluation.

Advise service members and veterans to ensure that they maintain thorough documentation of the following: medical examinations, prescription dosages and refills, military personnel records, VA compensation and examination records, laboratory findings, radiological studies, and any other relevant documentation. This is especially important if the service member or veteran used medical facilities that were not at his or her military installation. These documents will play an important role in determining his or her disability rating, and in turn, the rights of a member to certain benefits. Ample documentation is critical to a successful PEB outcome.

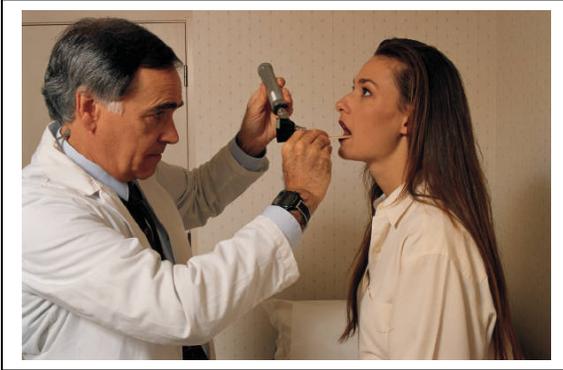
*As a reminder, an NSO should not speculate on the likely disability percentage. It is especially important in the DES because a slight difference in disability percentage can result in the difference between retirement with full benefits and discharge with only severance pay.*

## **PART II – The Disability Evaluation System** (*see attachment A*)

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### Purposes

Generally, the service member is evaluated when he or she develops or incurs a chronic medical disability determined to interfere with his or her ability to reasonably perform military duties. A principle purpose of the DES is to eliminate service members who are unable to perform such duties.



A second purpose of the DES is to determine entitlement to benefits and compensation for service members who are separated for medical impairments.

These are the two basic purposes of the DES determined by the Department of Defense, however each military service has additionally stated purposes in its internal disability evaluation regulations.

### Medical Evaluation Board (MEB)

The MEB is the initial phase of the DES that is convened to ascertain a service member's medical and duty status.

A service member is referred to a MEB by a unit commander or a physician when it is believed that he or she may possess one or more medical conditions that cause him or her to fail to meet retention standards. **A service member does not “apply” or self-refer himself or herself for evaluation by a MEB.**

MEBs are generally located at a service member's treating military treatment facility (MTF). An exception to this might be if a service member is at another military installation for medical treatment. In that instance, the installation providing medical treatment might conduct the service member's DES processing, rather than his or her home station.



When a service member is referred to a MEB, the NSO should ensure that the service member's documentation is up-to-date. The narrative summary and other pertinent medical evidence, along with the commander's statement, should be dated within the preceding year.

A MEB is composed of at least two physicians. The MEB will apply standards of medical fitness to make a determination of fit or unfit for continued military service. A finding determining fitness for duty will render a service member retainable in the armed forces. A finding of unfitness will initiate referral to an informal PEB.

If a MEB determines the service member "unfit," he or she will be assigned to a Physical Evaluation Board Liaison Officer ("PEBLO"). The PEBLO provides basic counseling, but does not provide advocacy to service members undergoing MEB or PEB proceedings.

A service member can appeal the findings of a MEB. A service member can only appeal a MEB in writing and must do so within three (3) duty days. Bases for appeal include, but are not limited to: findings of either fitness or unfitness for duty, conditions found to be existent prior to service (EPTS), an incomplete assessment of every unfitting medical disability, an inaccurate narrative summary by the dictating physician, and out-of-date physician examinations or diagnostic reports.

#### Physical Evaluation Board (PEB)

The PEB, which is an administrative board, determines if the proposed unfitting medical condition(s) renders the service member unable to continue further service based on his or her office, grade, rank, or rating. A PEB will determine whether a service member will be retained in the armed forces. Each branch of service has its own criteria governing fitness for duty. For example, the Navy might require deployability, whereas the Army does not require deployability as factor for retention.

If the PEB determines unfitness for duty it will assign a disability rating based on the severity of the injury. The PEB, with a number of exceptions, uses the Department of Veterans Affairs Schedule for Ratings of Disabilities (VASRD) as a **guideline** to determine disability ratings for unfitting medical conditions.

There are two types of PEBs— the informal and the formal PEB. The PEB, whether formal or informal, is composed of three people—a Board president, a personnel management officer, and a physician. When a reservist is being evaluated, a board member must be a member of the Reserve Component.

#### Informal PEB (also referred to as an "IPEB")

All service members undergoing PEBs will first be evaluated by an informal PEB.

A service member does not personally appear before an informal PEB. The informal PEB has the same composition as a formal PEB. The PEB reviews the service member's medical and personnel records in order to reach its determination of fitness for duty.

A service member may elect to concur, non-concur, request a formal hearing with a written rebuttal to the Board President, or request a formal hearing without written rebuttal to the Board President. The service member has three (3) business days from receipt of the PEB's findings to accept them or file his or her appeal.

Service members who disagree with the informal findings and are found unfit are entitled to a formal hearing before the PEB. Service members who are found fit may request the Board President to grant a formal hearing.

### Formal PEB

Service members generally appear for a formal hearing before the formal PEB. The military services each convene their own PEBs. The Army has formal PEB locations at Walter Reed Army Medical Center in Washington, DC, Ft. Sam Houston in San Antonio, TX, and Ft. Lewis in Tacoma, WA. The Navy has one formal PEB located at Bethesda Naval Medical Center in Bethesda, MD. The Air Force also has one formal PEB which is located at Lackland Air Force Base in San Antonio, TX.

A service member appearing at a PEB has the opportunity to present evidence and witnesses on his or her behalf. The service member can elect to testify, respond to questions of the board members, or remain silent. He or she can present sworn or unsworn testimony. Sworn testimony carries much greater weight before the board. The service member can request that the PEB appoint counsel to represent him or her in the hearing, or he or she can privately retain legal counsel, a personal representative, or a DAV NSO representative.

A service member should dress appropriately when appearing in-person before a PEB. The service member should wear the Class A uniform or its equivalent. Special permission must be obtained from the Board President to wear civilian clothes or physical fitness or utility uniforms. A professional military appearance can bear favorably on the outcome of the decision.

### Dispositions by the PEB

The PEB can render a service member fit for duty, unfit for duty with or without severance pay, or unfit for duty with retirement pay. The following are explanations of the PEB's adjudication options.

## Fit for duty

The presence of medical impairment(s) does not necessarily result in medical discharge of a service member. A PEB must determine that one or more medical impairment(s) causes the service member to not meet retention standards and thus preventing him or her from continuing in their office, grade, rank, or rating.

“Office, grade, rank, or rating” is a group of factors that represents a service member’s experience level, occupational field, and military rank. The PEB will evaluate whether the medical impairment causes a service member with that level of authority, grade, and career field to remain in the military service.

A service member retained as fit for duty might have permanent restrictions or limitations placed on his or her service. For example, a soldier may no longer be permitted to engage in airborne operations, or a pilot may be removed from flight status but permitted to remain in the Air Force.

## Severance with disability pay



If a service member is determined to have one or more medical impairments that do not meet retention standards and these impairments cause the servicemember to be unable to fulfill the duties that are appropriate for his or her office, grade, rank, or rating, he or she will be found unfit for military service. The service member will be separated with severance pay if his or her unfitting disability is rated less than thirty percent disabling. In certain instances, a 0 percent rating is assigned for unfitting conditions, and severance pay is awarded in those instances. Severance pay is awarded, in equal amounts, to conditions rated 0, 10, and 20 percent disabling.

Severance pay is computed according to a formula. For each year of service, the base pay at the time of separation is multiplied by two. Increments of service involving less than a year are rounded up or down to the nearest year. **No more than twelve years of base pay can be awarded in severance.** For example:

5 years, 4 mo, 21 days service for an E5 with base pay of \$1,991:  
 $\$1,991 \text{ base pay} \times 5 \text{ years} \times 2 = \$19,910 \text{ in severance pay}$   
*(round down to 5 years of service)*

11 years, 7 mo, 13 days service for an E7 with base pay of \$2,980:  
 $\$2,980 \text{ base pay} \times 12 \text{ years} \times 2 = \$71,520 \text{ in severance pay}$   
*(round up to 12 years of service)*



### Separation without Severance Pay

There are various scenarios that can lead to separation of a disabled service member from the military services without severance pay and benefits. The PEB may determine that a service member's disability existed prior to and was not aggravated by military service, or that the disability did not occur in the line of duty (LOD), which will be explained below. In other circumstances, a service member pending PEB disposition may be discharged due to another administrative separation authority, such a military justice action, which nullifies the PEB proceedings. These individuals, when appropriate, should be counseled regarding the process for petitioning for a correction in the classification of their military discharges.

### Continuation on Active Duty (COAD)

Some service members find that it is more lucrative to obtain a length of service retirement than to be medically retired by the PEB, especially with the passage of legislation permitting concurrent receipt of both longevity retirement pay and VA compensation to some degree. The PEB has the authority to, under title 10 U.S.C. § 1176, retain regular active duty service members who have completed between eighteen and twenty years of active military service. Federal law mandates that these service members cannot be involuntary separated, including for disability, without their consent.

### Special issues involving Reserve and Guard Service Members

The high operational tempo in recent years has resulted in a heavy reliance on Reserve and Guard personnel in the active duty ranks. Many of these service members are now in the PEB process. NSOs should be aware of several issues critical to handling their cases.

LOD issues pervade many cases involving mobilized reservists and guardsmen. The PEB requires proof that a reservist or guardsman's injury or illness occurred during the period of active duty mobilization. For a disability to be found in LOD, the PEB will want proof that it was incurred or aggravated while the service member was in an active duty pay status or it was proximately caused by active duty or inactive duty training. A LOD disability is easily proven in cases of combat-incurred and other traumatic injuries; however, this standard can be more difficult to meet in cases involving illness, less acute injuries, and chronic medical problems. Every case should reach the PEB with a completed LOD determination. In the event an LOD determination was not made prior to the PEB, the PEB has the authority to do so.

Reservists and Guardsmen are not afforded the protection of COAD that is given to active duty service members under federal law. A member of the Reserve Component or National Guard with 18 years or more of service who incurs a physical disability will be processed similarly to any other reservist. NSOs are reminded that severance is paid for no more than 12 years of service.

### Temporary Disability Retirement List (TDRL)

A service member with less than 20 years of active service will be placed on TDRL if his or her disability is rated as 30 percent or higher and the PEB believes that the disability is permanent but not stable for rating purposes. Service members on TDRL are reevaluated within eighteen months of the initial rating decision. Within five years, a permanent disposition must be made. No later than five years from the date of placement on the TDRL list, a service member must be permanently retired, found fit for duty, or separated with severance pay. A service member with 20 years or more in service can be placed on TDRL if he or she is rated as less than 30 percent disabled.

Former service members who are placed on TDRL will undergo another PEB within five (5) years. If the PEB determines that the service member is fit for duty, the service member is not required to return to duty. The service member who is being re-evaluated on TDRL has the same procedural rights as a service member undergoing an initial PEB determination.

### TDRL pay

A retired service member can receive no more than 75 percent of base pay, no matter what percentage of disability the PEB awards. A service member on TDRL can receive no less than 50 percent of his or her base pay, even if he or she was rated less than 50 percent disabled by the PEB.

Most current service members will receive TDRL under the “high-3” retirement program. The service members receive the higher of the two formulas: 2.5 percent of the “high-3” base pay for each year of service times the percentage of disability; or, the “high-3” base pay times the percentage of disability. The “high-3” is the average of the total base pay earned in the preceding 36 months, which does not include housing, subsistence, and other allowances.

### Permanent Disability Retirement List (PDRL)

This is permanent retirement and is not subject to readjudication. The service member receives a portion of base pay based on years of service and pay grade. Unlike TDRL, the service member does not have his or her rating reevaluated by a PEB if his or her condition improves or deteriorates.

### PDRL Pay

The pay procedure for PDRL is the same as is used for TDRL, except that there is no provision for PDRL recipients to receive a minimum of 50 percent of their base pay.

## Appeal of PEB decisions

Every case adjudicated by a PEB is automatically reviewed by its military service's appellate review agency for error. In addition, service members have a right to appeal their PEB decisions to their respective military service.

A service member can appeal his or her PEB decision while he or she is still on active duty status. Each military service operates an appellate review board that can overturn decisions of the PEB. Prior to becoming binding, all PEB decisions are given an automatic review by this appellate review board. If a service member files an appeal, only documentation is considered on appellate review and no hearing is permitted.

Following separation from service, service members can petition the Board of Correction of Military Records for their respective military service to amend PEB findings such as categorizations of discharge (i.e., medical discharge vs. medical retirement) and percentages of disability ratings.



## Differences between military disability and VA disability

Although both systems use the VASRD, they have considerable differences. The military services only evaluate unfitting disabilities, thereby compensating for the loss of a career. The VA compensates for all service-connected disabilities, with the intent of compensating for lost civilian earning capacity. The military services' disability ratings are contingent on rank and length of service, whereas the VA ratings are based on fixed disability percentages. With the exception of TDRL ratings, the military services' ratings are permanent and do not provide for flexibility or deterioration of a medical condition. The VA's disability ratings can fluctuate and increase or decrease with the change in a medical condition.



## Relationship between a VA claim and military disability

NSOs representing service members should evaluate the likely VA compensation for unfitting disabilities and other potentially service-connected medical conditions. NSOs should weigh this projected VA compensation with the disability award offered by an informal PEB and determine whether a service member is likely to benefit from a

formal PEB hearing. For example, if a service member elects for a formal board hearing, the formal PEB might reduce an award of TDRL or PDRL retirement to unfit for duty with severance pay. A service member effectively takes a risk of reducing his or her award by appealing the PEB findings, so the decision to appeal should be carefully considered, especially if the service member has been granted retirement and is assured a greater award from VA.

### Recoupment

In cases where a service member receives severance pay from the military for a disability, the VA will not initiate compensation payments for that same disability until the equivalent of the entire amount of severance pay has been withheld in payments to that service member.

### Taxation

Service members who receive a disability severance should be advised that they can request a refund of federal tax withholding of the lump sum severance pay they received at the time of their medical discharge. Once the VA awards a disability rating for the same medical condition, the former service member should submit appropriate documentation of his or her VA decision to the IRS and request a refund of any federal taxes withheld from his or her severance pay. NSOs should instruct the veteran to file an IRS Form 1040X (Amended Income Tax Return), a copy of the VA rating decision, and a copy of the DFAS statement indicating that federal taxes were withheld from the veteran's severance pay.

Each individual state has its own laws regarding the taxation of military disability severance and retired pay. Therefore, each NSO should make a determination based on local law whether or not an amended tax return should be filed for a refund of state taxes.

NSOs representing service members before PEBs should advocate, when appropriate, that the Board President indicate the service member's injury was incurred in conditions defined in 26 U.S.C. 104. These conditions include, but are not limited to, combat and simulated combat, field training, ultra-hazardous duty, and circumstances involving instrumentalities of war. A finding that an injury occurred under these conditions provides a retirement free of federal and most state taxes.

### NSO monthly award calculations for PEBs

NSOs should reference the DAV Monthly Reporting Manual, Category 15. Please follow these instructions for calculating PDRL, TDRL, severance pay, and fit for duty determinations.

## **Contact Information for Representation before Physical Evaluation Boards**

All Naval personnel have their formal PEBs processed by the PEB at the National Naval Medical Center in Bethesda, MD. NSOs should contact DAV's DC regional office at (202) 530-9260

All Air Force personnel have their formal PEBs processed by the PEB at Lackland Airforce Base in San Antonio, TX. NSOs should contact DAV's San Antonio office at (210) 699-2359.

All Coast Guard personnel have their formal PEBs processed by the PEB in the Washington, DC area. NSOs should contact DAV's DC regional office at (202) 530-9260.

The Army has three PEB locations. *See attachment B.* Depending on the location of the soldier, NSOs should contact the following DAV offices for assistance with a soldier's PEB:

### **★ Fort Lewis, WA, Physical Evaluation Board**

#### **DAV SEATTLE OFFICE – (206) 220-6225**

- ★ Fort Wainwright, AK
- ★ Fort Richardson, AK
- ★ Fort Huachuca, AZ
- ★ Fort Irwin, CA
- ★ Fort Carson, CO
- ★ Camp Zama, Japan (including U.S. Forces Korea)
- ★ Schofield Barracks, HI
- ★ Fort Shafter, HI
- ★ Fort Riley, KS
- ★ Fort Leavenworth, KS
- ★ Fort Knox, KY
- ★ Fort Leonard Wood, MO
- ★ Fort Bliss, TX/NM

### **★ Fort Sam Houston, TX, Physical Evaluation Board**

#### **DAV SAN ANTONIO OFFICE - (210) 699-2359**

- ★ Fort Rucker, AL
- ★ Fort Benning, GA
- ★ Fort Gordon, GA
- ★ Fort Stewart, GA
- ★ Fort Campbell, KY/TN
- ★ Fort Polk, LA
- ★ Fort Sill, OK
- ★ Fort Hood, TX



★ **Walter Reed Army Medical Center, DC, Physical Evaluation Board**

**DAV DC REGIONAL OFFICE – (202) 530-9260**

- ★ Aberdeen Proving Ground, MD
- ★ Fort Bragg, NC
- ★ Fort Drum, NY
- ★ Germany – all USAREUR
- ★ Fort Jackson, SC
- ★ Fort Lee, VA
- ★ Fort Meade, MD
- ★ Military District of Washington (numerous D.C. area installations)
- ★ Fort Monmouth, NJ
- ★ West Point, NY

**DoD and Service Guidelines for the Physical Evaluation Boards**

Department of Defense:

DoD Directive 1332.18, November 1996 updated December 2003, *Separation or Retirement for Physical Disability*

DoD Instruction 1332.38, November 1996, *Physical Disability Evaluation*

DoD Instruction 1332.39, November 1996, *Application of the VASRD*

U.S. Army:

Army Regulation (AR) 635-40, *Physical Evaluation for Retention, Retirement, or Separation*

Army Regulation (AR) 40-501 *Standards of Medical Fitness*

Dept. of the Army Pamphlet (DA Pam.) 360-506, *Disability Separation*

U.S. Navy / Marine Corps:

Secretary of the Navy Instruction (SECNAVIST) 1850.4E, April 2002, *Dept. of the Navy Disability Evaluation Manual*

U.S. Coast Guard:

Commandant Instruction (COMDTINST) M1850.2, *Coast Guard Physical Disability Evaluation System*

U. S. Air Force:

Air Force Instruction (AFI) 36-3212 *Physical Evaluation for Retention, Retirement, and Separation*

Air Force Instruction (AFI) 48-123 *Medical Examinations and Standards*

## Internet Links for Physical Evaluation Board References

### **Department of Defense:**

DoDD 1332.18, *Separation or Retirement for Physical Disability*

<http://www.dtic.mil/whs/directives/corres/html2/d133218x.htm>

DoDI 1332.38 *Physical Disability Evaluation*

[http://www.dtic.mil/whs/directives/corres/pdf/i133238\\_111496/i133238p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/i133238_111496/i133238p.pdf)

DoDI 1332.39 *Application of the VASRD*

[http://www.dtic.mil/whs/directives/corres/pdf/i133239\\_111496/i133239p.pdf](http://www.dtic.mil/whs/directives/corres/pdf/i133239_111496/i133239p.pdf)



### **U.S. Army:**

Army Regulation (AR) 635-40, *Physical Evaluation for Retention, Retirement, or Separation*

[http://www.usapa.army.mil/pdffiles/r635\\_40.pdf](http://www.usapa.army.mil/pdffiles/r635_40.pdf)

Army Regulation (AR) 40-501, *Standards of Medical Fitness*

[http://www.usapa.army.mil/pdffiles/r40\\_501.pdf](http://www.usapa.army.mil/pdffiles/r40_501.pdf)

Dept. of the Army Pamphlet (DA Pam.) 360-506, *Disability Separation*

[http://www.army.mil/usapa/epubs/pdf/p360\\_506.pdf](http://www.army.mil/usapa/epubs/pdf/p360_506.pdf)

### **U.S. Coast Guard:**

COMDTINST M1850.2, *Coast Guard Physical Disability Evaluation System*

[http://www.uscg.mil/ccs/cit/cim/directives/CIM/CIM\\_1850\\_2C.pdf](http://www.uscg.mil/ccs/cit/cim/directives/CIM/CIM_1850_2C.pdf)



### **U. S. Air Force**

AFI 36-3212 *Physical Evaluation for Retention, Retirement, and Separation*

<http://www.e-publishing.af.mil/pubfiles/af/36/afi36-3212/afi36-3212.pdf>

AFI 48-123 *Medical Examinations and Standards*

<http://www.e-publishing.af.mil/pubfiles/af/48/afi48-123/afi48-123.pdf>

### **U.S. Navy / Marine Corps:**

SECNAVINST 1850.4E *Dept. of the Navy Disability Evaluation Manual*

<http://neds.daps.dla.mil/Directives/1850/1850.pdf>

### **Military Pay / Defense Finance and Accounting Service (DFAS)**

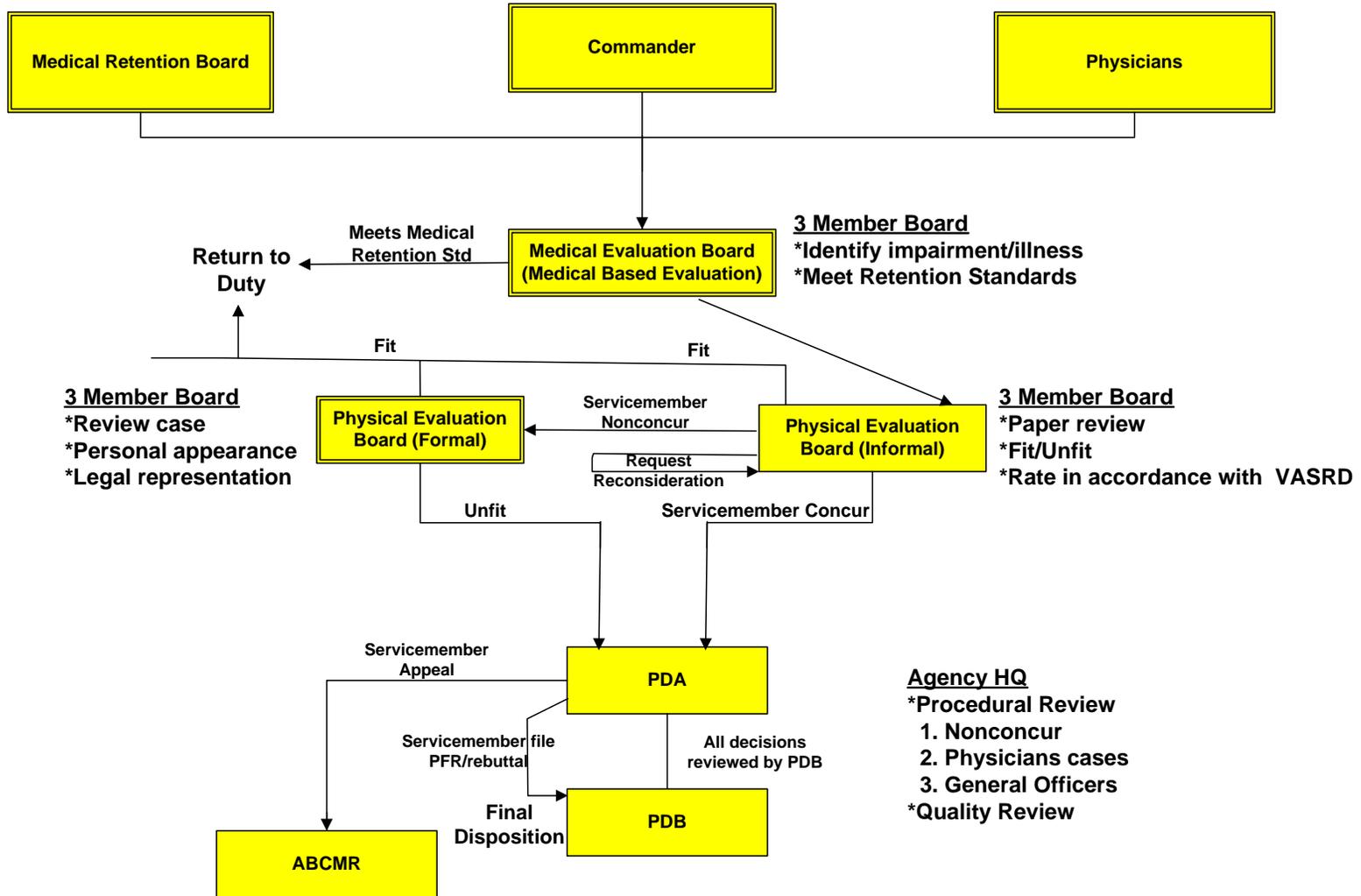
<http://www.dfas.mil/money/milpay/>



## **ATTACHMENTS**

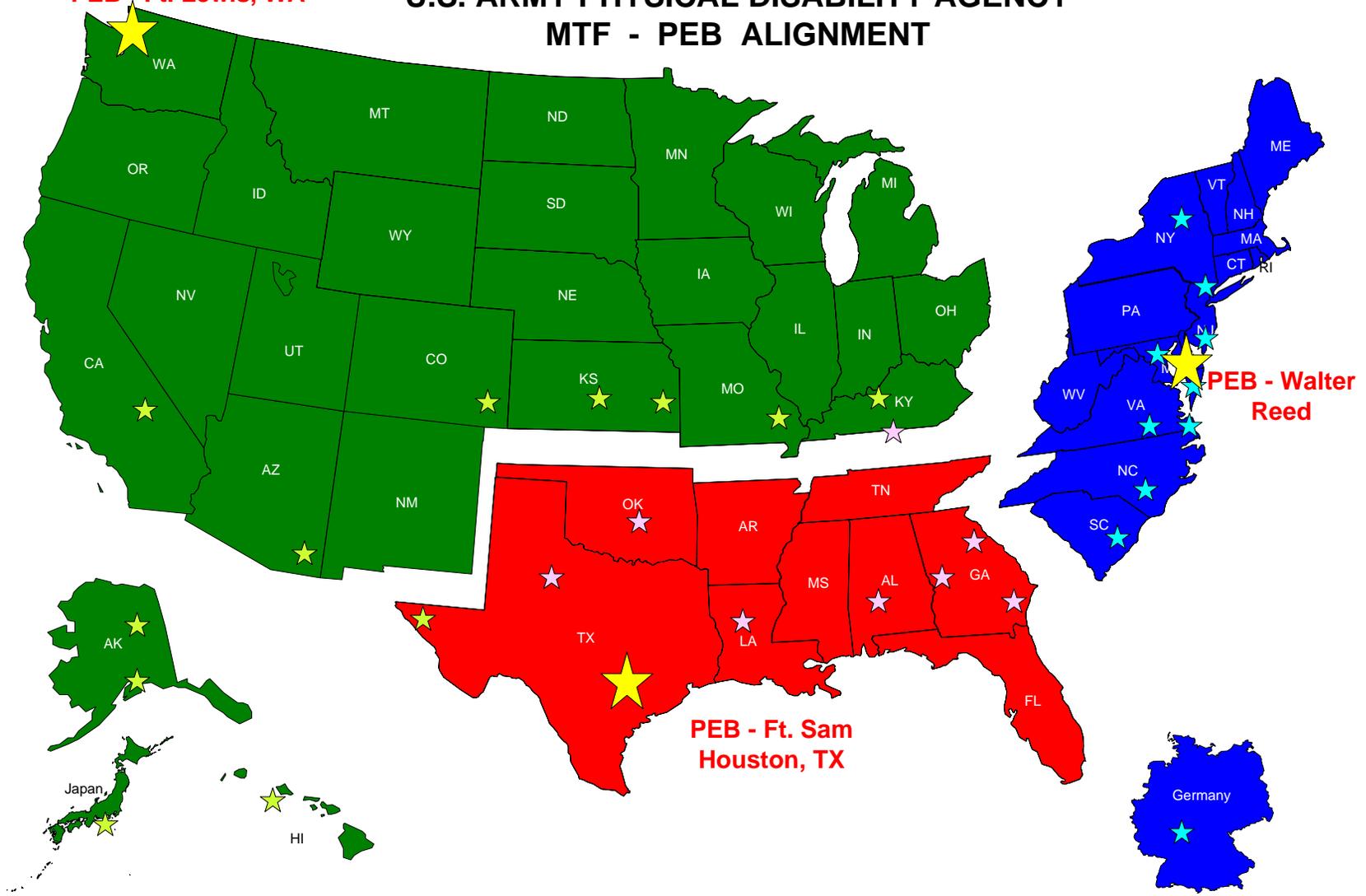
- A) Disability Evaluation System Flowchart
- B) U. S. Army Physical Disability Agency MTF-PEB Alignment
- C) Medical Evaluation Board Packet
- D) DoD provided counseling during the disability evaluation process
- E) Formal Physical Evaluation Board Hearing Procedures and Script
- F) Sample Formal Physical Evaluation Board Questions

# The Disability Evaluation System



# U.S. ARMY PHYSICAL DISABILITY AGENCY MTF - PEB ALIGNMENT

PEB - Ft. Lewis, WA



PEB - Walter Reed

PEB - Ft. Sam Houston, TX

# Medical Evaluation Board Packet

*(Content and form identification may vary depending on military service)*



A Medical Evaluation Board packet should include a DA Form 199, Commander's Letter, DA form 3947 Physical Profile, Medical Evaluation Board examinations, DD Forms 2807 and 2808, medication profile and all lab, X-ray, MRI, EMG studies. Also, if on Active duty or Status the Service Medical records should be made available.

## **Definitions:**

**DA Form 199:** This outlines the findings after reviewing all the evidence of record.

**Commander Letter:** A letter from the overall supervisor of the soldier which outlines the observations of the soldier's duty performance and ability or inability to perform duties.

**DA Form 3947:** The Medical Evaluation Board Proceeding form which is completed by the reviewing doctor and provides a diagnosis with the functional impairments on fitness finding. This document is reviewed by the soldier and an election is made to continue on active duty or be released. This is the soldier's request for the board to consider at the time his case is reviewed. The soldier can also request a Continuation on Active Duty (COAD) at that time. Also included on this form is the soldier's review of the examination. At this time the soldier can agree or disagree with the doctor's findings.

**Physical Profile DA Form 3349:** This outlines the limitations currently placed on the soldier and which disabilities are causing the unfitness.

## **Medical Evaluation Board Examinations:**

This is the document which outlines the profiled disability being considered by the Physical Evaluation Board (PEB). The document should include all information on the history of the injury/illness, present condition and impact on active service. The Medical Evaluation Board Examination is written using DD Forms 2807 and 2808. DD Forms 2807 and 2808 record range of motion studies, medication being used and soldier's statements during the examination.



**Medication Profile:** This is from the soldier's treating hospital and outlines the prescriptions from onset of disability to present date.

After the PEB reviews the appropriate documents and service medical records, a DA Form 199 will be issued with the board's findings. This will outline a percentage evaluation using the 38 CFR part 4 (VASRD) diagnostic codes as a reference point. The PEB does not always follow the Department of Veterans Affairs guidelines under the diagnostic criteria contained in the VASRD. The PEB will use its own military directive and only refers to the VASRD as reference point. Also used are Department of Defense Instructions (DODI) 1332.38 and 1332.39.

Policy letters regarding evaluating specific disabilities are released from time to time by each service department. These will clarify the way a disability is rated or deal with rules for determining entitlement to benefits.

Each service department will also release interoffice letters and e-mails, which are not official or available to the general public. An NSO working the boards should be able to obtain these letters and e-mails through their interpersonal relationships with the board members. They will usually deal with the application of assigning percentages due to symptoms of certain disabilities or the service department's stand on a particular issue.

# DoD Counseling During the Disability Evaluation System Process (DES)



## OVERVIEW

- IMPORTANCE OF PEBLO (Physical Evaluation Board Liaison Officer)
- IMPLEMENTATION GUIDANCE AND AUTHORITY
- DOD POLICY
- COUNSELING TOPICS



## PEBLO

### IMPORTANCE OF PEBLO TO SERVICE MEMBER

- The PEBLO is the service member's key counselor regarding the Disability Evaluation System (DES).
- The PEBLO explains the evaluatee's rights, benefits, & entitlements
  - Active Duty Member
  - Air Reserve Component Member
  - Incompetent member
    1. Counsel NOK/COURT appointed guardian
    2. NOK Asserts rights granted to member

### IMPLEMENTATION GUIDANCE AND AUTHORITY

- DODI 1332.38, 14 NOV 96
- DODI 1332.39, 14 NOV 96
- (appropriate military service directive)
- PEBLO GUIDE

### DOD POLICY REGARDING PEBLO RESPONSIBILITIES

"The counseling element of the Disability Evaluation System shall afford service members undergoing evaluation the opportunity to be advised of the significance and consequences of the determinations made and the associated rights, benefits and entitlements."

### COUNSELING TOPICS

- Sequence and Nature of steps in the DES Processing
  - Informal Physical Evaluation Board (IPEB)
  - Formal Physical Evaluation Board (FPEB)
  - Secretary of the appropriate military service
- DES Restrictions
  - Evaluatee may not take leave outside local area without approval
  - Evaluatee may not go TDY, except to FPEB & for required medical evaluation or treatment
  - Evaluatee may not be reassigned, except for emergency

- Effect of PEB findings/recommendation
  - Brief Member within 1 duty day of receipt
  - Member has 3 duty days to make decision
  
- Statutory and regulatory rights. Evaluatee has the right to:
  - A full and fair hearing
  - Assistance of military counsel
  - Personally appear
  - Introduce witnesses/deposition/document statements/other evidence
  - Access all records/information received by PEB
  - Written explanation of FPEB findings & recommendations
  - Record of Hearing
  - Appeal FPEB finding & recommendation
  
- Rebuttal of FPEB decision.
  - Service member is given 14 days to submit a rebuttal to FPEB
  - Case forwarded to the Secretary of the appropriate military service personnel council
  
- Estimated Retired/Severance Pay
  - Tax free if entered service before 25 Sep 75
  - Retired Pay
    - Computed on years of creditable service or % of disability
  - Severance Pay
    - Lump Sum Payment
      - Computed on 2 months base pay for each year of service up to 12 years or 24 months of base pay
  
- Review standards in VASRD
  - What would it take to increase % of disability
  
- Probable retired grade
  
- Potential veterans benefits
  
- Ensure Local briefing
  - Post-retirement insurance programs and survivor benefit plan (SBP) (DODD 1332.27)
  - Transition Benefits (DODD 1332.2)

**FORMAL PHYSICAL EVALUATION BOARD (FPEB) HEARING**  
**PROCEDURES AND SCRIPT**

*(Exact procedures and script may vary based on service and installation)*

All hearings will be held as scheduled. Delays may be granted for compelling reasons and they are granted solely at the discretion of the Board President. All requests for delays must be in writing, addressed to the FPEB President, and be received by the Board NLT 72 hours prior to the scheduled hearing. (Faxed requests are acceptable, but must contain client name, social security number, signature of counsel or representative, as well as appropriate addresses and telephone numbers). Delays are only effective if granted in writing.

Civilian counsel/representatives must provide the Board administrative staff with a copy of their retainer letter or letter of representation. Counsel and other representatives must ensure their clients fill out a release of information form that is available from the Board administrative staff.

Civilian counsel/representatives are strongly encouraged to review the case file well in



advance of the hearing date. Case files are available for review at the FPEB offices during the office hours of 8:00 to 3:30. Files may only be reviewed at the FPEB office. Copies of paperwork in the FPEB working file (not the medical records file) may be requested from the administrative staff. Counsel must identify the pages using small post-its. The staff will then make the copies as expeditiously as workload allows. Please be advised that copies

may not be available until the next work day, so counsel must provide for adequate time prior to scheduled hearings to finish such administrative matters as hearings will not be delayed to allow completion of such matters. Please note that copies of medical records are not made by FPEB staff.

Civilian counsel/representatives must provide the Board NLT 4:00 the day before their client's hearing a filled out contention sheet. The contention sheet must set forth the requested action, i.e., either Return to Duty; Fit for Duty; Temporary or Permanent Medical Retirement with percentage rating or Separation with percentage rating. The contention must include the basis for the requested finding using the Veterans Administration Schedule for Rating Disabilities (VASRD) as implemented by DoD instructions.

It is the civilian counsel/representative's responsibility to be knowledgeable regarding all applicable laws and regulations. All witnesses must be identified on the contention sheet,

including full name (and rank where applicable). Exhibits will be identified on the contention sheet. One copy of exhibits for the hearing must be included with the contention sheet and properly marked. All exhibits submitted to the Board become part of the record and are not returned to the member or counsel.

Finally, civilian counsel/representatives must provide their full name and a brief description of their qualifications.

As this is a Formal Board of officers, active duty/Air National Guard/Reserve, evaluatees must appear in an appropriate uniform and officially report in to the Board President, rendering salute and reporting statement. (If a medical condition or other reasonable matter precludes wearing of the uniform, an exception to policy will usually be made, but the matter must be brought to the attention of the Board administrative staff NLT the day before the hearing). Retired (TDRL) evaluatees must wear appropriate business casual or more formal civilian attire.

### **HEARING**

After entering the room and reporting in, the Board will proceed using the following script:

President: The Board will come to order. Time:\_\_\_\_\_ Date:\_\_\_\_\_ This Board is convened by direction of the Secretary of the Army/Navy/Air Force/Coast Guard under the provisions of Chapter 61, Title 10, USC. The Board members are appointed by the Dept of Army/Navy/Air Force/Coast Guard (appropriate military service directive), dated \_\_\_\_\_, copies of which have been furnished to each Board member and to counsel for the evaluatee. A copy will also be inserted into the record. Board members are present as indicated. The medical member is \_\_\_\_\_. The personnel member is \_\_\_\_\_; and I am: \_\_\_\_\_, the Board President.

Will the evaluatee please state his/her full name, rank, social security number and complete unit of assignment {organization and base/state} (if TDRL, current home address).

Evaluatee: Sir, I am (full name - include Jr/II). I am a (rank). My social security number is \_\_\_\_\_. I am assigned to the (organization) at \_\_\_\_\_.

President: (Name), the procedures governing the operation of this Board are contained in (appropriate military service directive). One of your entitlements under that instruction is representation by a judge advocate (or Counsel) if you desire. By whom will you be represented?

Evaluatee: Sir, I will be represented by \_\_\_\_\_.

{The President will ask the representative to provide their qualifications.}

President: Counsel and (Name), you may challenge any voting member of this Board for cause only. You may also ask questions of Board members. Do you have any challenges for cause?

Counsel: (Where a challenge is anticipated, counsel must inform the Board President of the general nature of the basis of the challenge prior to the start of the hearing.) If no challenge, counsel responds in the negative.

President: Is any voting member of this Board aware of any reason which would render him/her unable to accord (Name) a fair and impartial hearing?

Board Mbrs: (Each responds in turn)

President: Let the record show that all Board members indicated in the negative and have been previously sworn for this hearing.

President: Counsel, is (Name) ready to proceed?

Counsel: (Normally, concerns with proceeding with the hearing should be brought to the attention of the Board prior to the hearing. When there are objections to proceeding with the hearing, counsel must be prepared to explain the reasons for objection at this time to the Board.)

Personnel Member: I offer into evidence the documents pertaining to this case that have been marked as exhibits in accordance with (appropriate military service directive). These documents have been examined by counsel and the evaluatee. (\*These exhibits consist of the case file that must have been reviewed by both counsel and client prior to the board).

President: Subject to objection by any member of the Board, Counsel, or (Name), these documents will be received in evidence as Exhibit A-G, as appropriate.

Counsel: No objection, sir/ma'am. (\*If an objection is made, counsel must explain the basis for the objection and be prepared for any questions from the Board on the matter. The President may rule on the objection immediately, or, at his sole discretion, may defer his decision and simply note the objection for the record at this point in the hearing. The Board is not required to explain their reasoning concerning rulings on objections, and all matters not specifically noted as being ruled inadmissible by the President remain within the Board's review.)

President: Is Counsel aware of any administrative errors in the record?

Counsel: {Examples include incorrect social security number, spelling of names, changes in the client's grade }

President: (Name), have you been advised of your rights in this matter and do you understand them?

Evaluee: { There should never be an occasion for an evaluee to answer in the negative as their representative should have explained their rights prior to the hearing. }

President: Counsel, do you have any exhibits to present?

Counsel: { Exhibits, at a minimum, need to be identified for the record by page number, general description and dates. For example, "Exhibit A, sir, is a two page letter from Colonel X, evaluee's commander, dated \_\_\_\_." }

President: Subject to objection by any Board member, these documents will be received in evidence.

President: Counsel, what is (Name) contention?

Counsel: (Counsel so states)

President: (Name), your contention is noted and will be considered by the Board during its deliberations.

President: Counsel, will (Name) testify (or witnesses)?



Counsel: { Remember, you will have already told the Board in advance on the contention sheet if your client will testify or if you have witnesses. }

President: (Name), will you come to the center of the room and raise your right hand to be sworn in.

Personnel Member: Do you \_\_\_\_\_ swear (or affirm) that the evidence you give in the case now in hearing will be the truth, the whole truth, and nothing but the truth, so help you God?

President: [Explains the process – each board member asking questions, then questions by counsel, followed by counsel's closing statement, then anything the evaluee wishes to say]

President: (Personnel Member) \_\_\_\_\_, please proceed.

President: (Medical Member) \_\_\_\_\_, please proceed.  
The president will follow the medical member with any questions he/she may have.

President: Does Counsel have any questions?

Counsel: Counsel responds appropriately.

President: Are there any further questions of the Board?

\*If the Board members ask additional questions, the President will follow by asking if those questions raise any new questions for counsel.

President: Closing summary please, Counsel.

Counsel: Counsel should always provide a closing summary.

President: (Name) Do you have anything at all you wish to say to the Board before we begin our deliberations?

Evaluee: Evaluee responds appropriately.

President: (Name) Do you feel we have adequately covered your case?

Evaluee: Evaluee responds appropriately.

President: The Board is closed for deliberation at \_\_\_\_\_. You are dismissed. {If active duty, the member rises, stands before the President and renders salute. Upon the return of the salute, he/she turns and leaves the room with counsel.}

After the Board has deliberated, counsel and evaluee will be called back into the hearing room to be given the Board's decision. This is merely a courtesy and does not constitute a continuation of the hearing itself. Under NO circumstances will the Board hear anything further from the evaluee or counsel, except a courtesy thank you, and counsel and evaluee must immediately leave the hearing room.

The only change to the above closing occurs when the Board feels further information is needed to complete its deliberations. If that is the case, the President will inform you at this time by telling you that further information is needed and where the information will be gathered. In the case of medical information, the Board will direct a consultation by a medical professional. In the case of personnel or supervisory information, the Board will release counsel and evaluee and contact those they believe may have the information they seek.

Counsel is kept informed as to what the Board is looking into either by report identifying the information being sought and from whom (most often the commander), or by giving the evaluee a referral sheet that sets forth the medical information requested and the specialty the opinion is to be received from. When the Board receives the information they requested, they will inform counsel and evaluee by either providing a written report identifying the findings or calling all parties involved into the hearing room to provide it

orally on the record. In the case of medical consults, counsel will be provided a copy of the doctor's narrative at the same time the Board receives its copy.



Once the information has been gathered, the President will allow counsel reasonable time to consider the information and consult with their client prior to reconvening the hearing. All parties involved will then be called back into the hearing room and the evaluatee will go directly to the witness chair while counsel sits at his/her usual place at the counsel/evaluatee desk across from the Board members.

The President will call the hearing to order and remind all present they remain under oath. (He will also account for any changes in those present and explain the change. If there are any changes – for example a different board member is present – counsel may object and then it is up to the President whether the hearing will continue or be delayed – for example to obtain the missing individual.) The information obtained will then be introduced into evidence (with any objections noted) and the Board members will then be given the opportunity to ask further questions, as will counsel.

Counsel will be given another opportunity to close based on the new evidence and the evaluatee will also be given the opportunity to say anything they may wish to say in light of the new evidence. The President will then close the hearing and counsel and evaluatee leave the room.

As above, after the Board has deliberated considering the new information and arguments, counsel and evaluatee will be called back into the hearing room to be given the Board's decision. Again, this is merely a courtesy and does not constitute a continuation of the hearing itself. Again, under NO circumstances will the Board hear anything further from the evaluatee or counsel except a courtesy thank you and counsel and evaluatee must immediately leave the hearing room.



SAMPLE FORMAL PEB QUESTIONS  
(All questions are not appropriate for every situation)

**QUESTIONS FOR THE BENEFIT OF THE PERSONNEL MEMBER**

How did you travel for this Board? (commercial air; medivac; automobile, train, etc.)

Did you have any problems with your travel? (for example having to be on oxygen; not being able to carry luggage, etc.)

Did you drive yourself or did someone else drive you  
(if so who was it)?

Do you have any limitations or trouble driving?

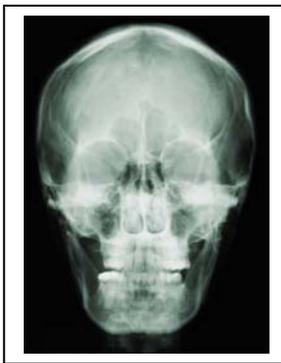
Do you have any limitations, for example, on the type  
of car you can drive (automatic or stick shift), or on  
the amount of traveling you can do?

What is a normal commute distance for you?

What is the longest you've driven in the past 6 to 12 months?

Has your driver's license been suspended and, if so, for how long?

Do you carry insurance on the car even though you don't drive it and, if so, why? (Might be required by bank or car may be driven by others in family – but in either case, your name should have been removed from the policy.)



Where are you staying? (billeting, off base hotel, with family/friends)

Are your accommodations satisfactory?

Is your room suitably equipped for your disability?

Do the stairs cause any problems or did you request a 1<sup>st</sup> floor room because you have trouble with stairs?

How are you getting around while you are here for your hearing? (POV/rental car; taxi; shuttle; walking-----if walking, any limitations on distance?)

Are you on incapacitation or convalescent leave or continuation status? (If so, expect questions about when you were placed in that status, how long you were on it and what exactly you've done while on it, such as work or just go to the doctor's office)

What job are you presently doing? (Describe what you do) (Guard and Reserve members should describe their full time position in that regard, as well as their full time civilian position.

How long have you been doing this job?

Is this a job you were trained for?

Is it a job someone else in your office would normally fill or just a temporary (make-work) job? (If traditional Guard or Reservist, expect similar questions about civilian job.)

Are you rated by the VA? (If so, expect questions on the percentages for each rated disability and their impact on your ability to function/perform your job)

\*\*Traditional Reserves and Guard only! When was the last time you performed a UTA? Your two-week annual tour? (Explain if you have done any non-pay/points only duty.)

Have your duties been changed or have your civilian duties been altered as a result of your medical condition? If so, describe how. May ask another way: What part of your job (either your normal one or the temporary one you may be in) can you **not** do because of your condition? {If in a temporary less physically demanding, sedentary or desk job, the board may ask if you could continue doing that job if cross-trained into such job}

How many hours a week do you work at your civilian job (Guard and Reserves only)

How many hours a week do you work at your military job?

What are your normal duty hours? (Explain if your hours have been changed/reduced – include weekend duties and overtime, if any)

How many full days of work *not counting doctor appointments* have you missed in the last 12 months? (Will usually ask past 12 months but may ask last 6 or from date your medical condition was first diagnosed and treated.)

What did you do on those days – did you just go home, go to the hospital/clinic & get put on quarters (& if so, are the quarters slips in your medical records)?

Did you leave by yourself or did someone have to help you?

Were there days you had to leave early or come in late because of your medical condition? If so, how early or late (number of hours) and how many times in last (6 or 12) months?

Do you get regular formal performance reports? (If not, they will ask if you've had informal feedback and what you were told. If you do get formal performance reports,

expect questions on your performance and how your condition either hurt or was not an issue in doing your job.)

Do you believe that your work or duty performance has been hurt by your medical condition? (You will have to explain why or why not.)

Your last performance report was not as good as previous ones – do you think your medical condition was to blame at all? If so, explain how.

Have you gotten a promotion or raise in the past year (or during time you were injured)? If not, do you think your medical condition was to blame at all?

Do you believe your supervisors or employers feel that your work or duty performance has been hurt by your medical condition? (Expect questions on anything supervisors have written about you, especially if their position has changed a lot, such as from lukewarm support to great support or the opposite.) (If you have them, expect questions about any reprimands, disciplinary actions, Article 15, courts-martial action, demotion, contested performance report, notations about alcohol & drug abuse counseling, weight management, mental health counseling – including family support/abuse issues.... If questioned on such issues, expect to be asked if your medical condition or prescribed medication affected what happened.)

Are you on mobility status? If not, why not? (For example, because you're on medical hold for the Board or because of your physical limitations.)

Is mobility status normally expected for someone in your job/position? (If in temporary job, you'll need to answer for both former normal job and present job.)

If found not mobility or worldwide qualified, is there another position not requiring mobility your unit or another unit will accept you for? (Expect to have to provide a letter or telephone number of someone who can verify your answer.)

Have you ever deployed? (If so, was it under field conditions – tents, etc.)

When did you last deploy?

Did you have any problems with the deployment because of your medical condition or did you have to leave the deployment TDY early?

Do you have a personal exercise program? (Be able to explain what exercise you do; how often and how long you do it as well as for how long you've been doing that exercise program.)

Have your doctors told you to limit any such activities? If so, how and why? (For example, it would make pain worse, dangerously raise blood pressure, etc.)

If you can't exercise vigorously, do you at least try to do short walks or swim and if so, how far and how often? Is your job physically challenging? (if so, describe)

What sort of off-duty activities (sports, hobbies, interests) do you presently do? (include any volunteer/non-paid activities)

How long and how often do you do each?

Do you have any kind of limitations because of your condition?

Do you live in a house, apartment, condo...?



Is it one or two-story? (If you have trouble walking/climbing stairs explain how you've adjusted.)



Do you do the normal general household chores like cleaning (vacuuming/dusting), cooking, taking out the garbage, washing clothes, the car, etc. If you don't do these, who does?

Do you have a yard that requires care like mowing, gardening, etc.? Who does that yard work?

When was the last time you or you and your family took a vacation?

Where did you go?

How did you travel? (if by car, who did driving)

How long was the vacation? (did you have to cut it short or experience any problems/limitations in what you could do?)

Have you taken any educational courses since you've been in the service?

If so, when was your last course?

What type of degree are you studying for?

How much do you have to do to finish?



What is your grade point average?

Have you missed any school due to medical condition? (Be able to state how many days missed and why.)

What is your current height and weight?

Has your weight changed significantly since you got your disease?

If so, by how much? What was your weight when you joined the AF?

Have you ever been entered on a weight management program? (If yes, explain how you did on it.)

Has a doctor ever told you to lose weight?

Do you follow a particular diet?

### **QUESTIONS FOR THE BENEFIT OF THE MEDICAL MEMBER**

Please go over the medications you are currently taking. (What prescription drugs are you taking?) (You will need to give the name of each medication, starting first with prescription medications... after you give the name, stop for follow-up questions before moving on to the next drug.)

What are you taking that medication for?

How much (dosage) are you taking? (number of pills & milligrams)

How often do you take them?

And/or when do you take them? (“three times a day”, two times, etc... with breakfast & dinner,” etc.)

Do you take them every day without fail? Or Have you ever missed/forgotten to take them? (If so, how often – when was the last time?)

How long have you been on the medication?

Who prescribed it for you?

Who is prescribing it/following you for the drug now?

Have you had any side effects from the medication?

Has your dosage or type of medication changed and, if so, why?

\*\*\*You will have to explain fully why you stopped taking any medication! (You will need to tell if your doctor said to stop or if you did it on your own.)

Are you taking any over-the-counter medications? (for example, aspirin, cold medications, etc.)

How much (dosage) do you take? (for example, “two 400 milligrams Motrin”)

How often do you take it?

When do you take it? (For example with cold medication, “only when I have a cold which is only once or twice in the winter.”) (The doctor could ask about interactions between these and prescribed drugs and whether you’ve talked to your doctor about them.)

Are you taking any herbal supplements? (such as St. John’s Wart or Ginko)

How much (dosage) do you take?

How often do you take it?

When do you take it? (The doctor could ask about interactions between these and prescribed drugs and whether you’ve talked to your doctor about them.)

What can you tell me about what you’ve been told about your medical condition/disease?

Do you have a primary care physician?

Do you see him/her on a regular basis? (wants to know if you have set appointments each week/month.)

What do they see you for (what medical condition?) (wants to know what they see you for – physical exam or lab work, etc.)

Are you seeing a specialist for your medical condition(s)? (Will need to explain who is seeing you for each condition.)

Do you have regularly scheduled appointment with physician? If so when? (for example, every month, every six months, etc.) (You will have to explain EACH and EVERY missed appointment!)

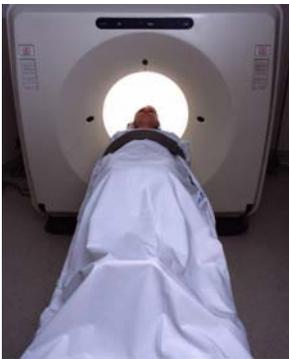
\*\*\*You will have to explain fully if you stopped early or refused ANY treatment or therapy! This includes if you dropped out of any physical, or occupational or mental therapy.

Have you sought or received outside medical opinions? If so, have you provided copies of those records? (You will have to explain who you saw, when you saw them and what they told you about your medical condition.)

Have you had to go to the emergency room in the last six/twelve months? If so, why? (What were you seen for, what did they do for you?)

Have you had to seek any *urgent* medical care? (meaning times where you had to go in to see the doctor right away, but not so severe you went to the emergency room. (If so, you will have to say when, where and what was done.)

What would you say is the biggest limitation your condition causes you?



What has your doctor told you to expect in the future?

Are any surgical or rehabilitative therapies planned for the future?

If so, what have you been told about what these should do for you and when are they planned? (Expect the medical member to ask specific questions on your particular medical condition.

These will include questions on limitations in doing things that your medical condition probably has affected. For example, if you have a medical condition that creates pain while walking, then you'd be asked how far can you walk or how often you walk.) Examples of questions for different disabilities include:

- Back problems: ability to stoop, bend, lift, sit and stand, etc.
- Asthma: what did your PFTs (pulmonary function tests) show? Did they do a bronchial challenge (methacholine, histamine/allergy or exercise) test? Why were you tested? What triggers your attacks? When and how often do you feel pain, tightness and shortness of breath? How many emergency room visits or urgent care have you had? What medications are you taking and do they help – includes use of prednisone, steroids, etc.
- Crohn's disease: dietary changes, number of bloody stools, prednisone bursts, or medicine changes, weight loss/gain, etc.



- Migraines: number of times hospitalized because of them, injections of meds like phenogran, Imitrix or Demerol, spots before eyes, length and severity of headaches, etc.
- Seizures: how many WITNESSED seizures? Who saw them? What type of seizures? Do you have driving or work restrictions? Do you have auras? Have you strictly followed prescribed medications & therapies?
- Diabetes: describe any dietary restrictions, your insulin use, blood sugar history (how often you check it & usually ask what latest was), if you have any loss of sensation, bleeding problems, fatigue, weight loss, or indications of organ damage, such as kidney or eye problems.

### **QUESTIONS FOR THE BENEFIT OF THE BOARD PRESIDENT**

Can you use chemical warfare gear and flak vests? If not, what are your limitations?

Looking back at the beginning of your problem up until today, do you think your condition has gotten better or is it different? If so, describe how it has changed.

What are your plans if this Board should recommend separation?

Do you have a profile? If so, what are your limitations?

Do you smoke cigarettes (use tobacco products)? (If yes, expect to be asked if a doctor has ever told you to quit or explained how it makes your condition worse. Also, be prepared to tell how much you smoke/chew and if you are trying or have tried to quit. Finally, if you used to smoke/chew, you will be asked when you quit.)

Do you use alcohol? (If yes, be prepared to tell how much and how often on average.)

### **Counseling for evaluee**

You may be questioned about anything you did which shows you didn't follow doctors' orders or caused your condition to get worse, such as smoking. Also, you can expect questions about anything that would make the board question if your condition existed prior to active duty (EPTS) and therefore may either totally preclude your being provided any benefits or reduce what you may be entitled to.

Expect questions about childhood/teenage diseases or medical care related to your present condition. Also, you may be asked questions about any condition which first showed up in Basic, Tech School or the first 2 years of active duty. In such cases, there may be presumption that the disease even though it only appeared at those times, actually existed *before* you came on active duty and just showed up later as part something missing here

**Bullets:** make a bullet list of anything you want the Board to hear as evidence in your case. Give examples of your disability and how it's affected your life both on and off duty. Treat this as brainstorming.



**Closing:** At the end of the hearing, The Board president will ask “is there anything else you’d like to tell us?” and everyone in the room will be looking at you. It would likely benefit you if you had something to say. It can be as long or short as you’d like. The evaluatee should write out a statement for his counsel’s review prior to the hearing.



End