

MEDICAL EVALUATION BOARD AND MOS/MEDICAL RETENTION BOARD: FS Guidance, NOV 99

The following has been adapted from correspondence distributed by the 12th AVN BDE Flight Surgeon. It has been updated to reflect interim changes in the process. This document is intended to provide information to assist commanders with soldiers undergoing medically related board actions. These evaluations are usually initiated when the soldier is ill or receives a permanent profile. The process can involve up to three different boards.

Included below are an explanation of the Profile levels, descriptions of the boards, means of tracking soldiers through the process, examples of documents needed for the individual board packets, and a schematic of how the boards relate to one another. Note the schematic only shows up if you print or view in "page layout" view.

1. References
 - AR 40-501, Standards of Medical Fitness
 - AR 40-3, Medical, Dental, and Veterinary Care
 - AR 600-60, Physical Performance Evaluation System
 - AR 635-40, Physical Evaluation for Retention
2. Definitions:
 - a. MOS/ Medical Retention Board (MMRB): Addresses the question, "Can the soldier perform satisfactorily in his/her PMOS or specialty code in a worldwide field environment?"
 - b. Medical Evaluation Board (MEB): Addresses the question, "Is the soldier medically qualified to remain on active duty?"
 - c. Physical Evaluation Board (PEB): Addresses the question, "Is the soldier physically qualified to perform in his PMOS?"
 - d. The Physical Disability System: Refers to processing through an MEB and PEB (described above).
 - e. Profiles.
 - (1) P-U-L-H-E-S: Designates six functional areas of the physical capability.
 - P – Physical capacity or stamina. A general category encompassing conditions of the heart, lungs, gastrointestinal system etc not covered below.
 - U- Upper extremities.
 - L- Lower extremities.
 - H- Hearing.
 - E- Eyes. Note: Wearing glasses that correct visual acuity does not result in a profile.
 - S – Psychiatric.
 - (2) Numerical designations: Reflects the physical capacity in each of the above areas. The designation is determined according to AR 40-501, Table 7-1. General guidelines are as follows:
 - 1- High level of fitness in that area. No limitations.
 - 2- Individual possesses some medical condition or defect which requires some limitation but the individual is generally still capable of performing a long period of maximal effort.
 - 3- Signifies that the individual has one or more medical conditions which require significant limitation.
 - 4- Limitations are such that military duty must be dramatically limited.

(3) Temporary vs. Permanent.

Temporary profiles are designated as such by the letter “T” entered immediately before the numerical designator in the PULHES code on the DA Form 3349. Temporary profiles require only the signature of one health care provider and may be issued for a period of up to one year. Reevaluation is required at 90 day intervals.

Temporary profiles of less than 30 days may be reported on the DA Form 689. These carry the same weight as a temporary profile reported on DA Form 3349.

A temporary profile may only be issued for one condition for up to one year. After one year, the condition is considered permanent and requires a permanent profile.

Permanent profiles are similarly indicated with the letter “P”.

Permanent level 2 profiles require the signature of only 2 profiling physicians.

Permanent level 3 or 4 profiles require the signature of 2 profiling physicians and the Physical Profile Board (PPBD) approving authority (a physician and almost always the Deputy Commander for Clinical Services (DCCS) for the profiling institution).

Any change to or from a permanent 3 or 4 profile requires PPBD action.

P3 or 4 profiles always require a MMRB or MEB/PEB before the soldier is available for deployment.

Personnel with a Permanent Profile which reflects less than a 3 or 4 numerical designator or any level Temporary Profile are available for deployment within the limitations of the profile.

(4) The level of the profile does not reflect eligibility for AD service or an MEB. **Conditions listed in AR 40-501, Chapter 3, rather than the numerical designator of the profile, are the determining factors for MEB processing.**

3. MMRB.

- a. These boards are initiated after a soldier receives a permanent profile (on DA Form 3349). If one of the PULHES numbers is rated as P3 or P4, then the soldier must be evaluated by an MMRB if not already being processed through the physical disability system. **(The only way to know if a soldier is being processed through the physical disability system is to ask the soldier. If the soldier doesn't know, ask the profiling physician or ask the flight surgeon to ask the profiling physician.)** A profile level of 1 or 2 does not require referral.
- b. Typically, a soldier will return from the hospital with a working copy of the profile signed only by the treating physician. This “incomplete” profile will still need to be reviewed by one or more physicians before it becomes a valid permanent profile. A “permanent” level 3 profile which has not been signed by appropriate number of physicians is not valid. However, upon final evaluation, the hospital will forward a copy of the completed the profile to the unit commander, MILPO, the soldier's health record, and the issuing clinic file (ie orthopedics).
- c. Per 12th AVN BDE MEMORANDUM, SUBJECT: Medical/ MOS Retention Board (MMRB) Processing, 11 March 1997, effective that date, all MMRB proceedings are to be conducted through 12th AVN BDE. An MMRB is initiated by putting together the MMRB packet and forwarding it through the BN S1 section to the BDE S1 section. Instructions for compiling the packet are enclosed below. After review by the BDE S1 and flight surgeon, packets will be forwarded to the V Corps Adjutant General. The soldier will then be given a date to appear before the V Corps MMRB which is conducted monthly in Heidelberg. **Please do not allow soldiers in 5-158 AVN to initiate MMRB proceedings through any other channel (ie. 67th CSH, IID) as this will result in delay of processing.**
- d. The MMRB is an administrative board. It is composed of three officers, one sergeant major (four officers if a commissioned officer is appearing) and one medical officer. The MMRB evaluation is conducted IAW AR 600-60 and determines, “Can the soldier perform satisfactorily in his/her

PMOS or specialty code in a worldwide field environment?" The MMRB can recommend the following:

- (1) Refer to the Physical Disability System for MEB/ PEB.
- (2) Reclassify to another MOS.
- (3) Place on probationary status for up to 6 months to allow improvement, then re-evaluate.
- (4) Retain in PMOS

4. Medical Evaluation Board (MEB).

- a. The MEB is a medical evaluation conducted by a physician. Its purpose is to document the service member's medical status and duty limitations insofar as duty is affected by the soldier's status. It answers the question, "Is the soldier medically qualified to remain on active duty IAW the retention standards in AR 40-501, Chapter 3. An MEB is conducted IAW AR 40-3.
- b. An MEB can be initiated in the following situations:
 - (1) The commander of a Military Treatment Facility (MTF) treating the soldier may initiate action to evaluate the soldier's physical ability to perform his duties.
 - (2) The soldier's commander can refer him to the MTF when the commander believes the soldier is unable to perform his duties because of physical disability. (This is actually called an evaluation of fitness for duty. It can be requested anytime that a soldier's profile is felt to be inappropriate for his/her present duties. For example, a commander may recognize that a soldier with a level 1 profile cannot keep pace with expected duties. Another example would be a soldier who has been issued a P2 profile, but the commander feels that a P3 or 4 would be more appropriate (based on MOS criteria in AR 611-201). Lastly, a soldier/commander may feel that a P3 or 4 profile is too limiting and request downgrading to a level 2. A request for evaluation of fitness for duty is to be made in writing to the DCCS of the appropriate MTF. **Commanders should consult with the local FS before submitting such request.**)
 - (3) The soldier is referred by a MMRB.
- c. The MEB can make the following recommendations:
 - (1) Return to duty.
 - (2) Separate because the disability existed prior to service.
 - (3) Refer to a PEB when medical retention standards are not met.
- d. MEBs are conducted in the Military Treatment Facility (MTF) having primary medical care responsibility for the soldier. 12th AVN BDE soldiers may have an MEB at Wuerzburg, Heidelberg, or Landstuhl depending on the soldier's permanent duty station and the location of the specialist evaluating the patient. The MEB section of the hospital will provide the soldier with detailed instructions for completing the MEB. Minimal requirements always include a complete physical at the local MTF and final evaluation by the boarding/ profiling physician (see below). **Make sure that the soldier gets these things done.**

5. Physical Evaluation Board (PEB).

- a. The PEB makes a decision regarding fitness for further military duty because of physical or mental disability. It answers the question, "Is the soldier physically qualified to perform in his PMOS?" The PEB will consider the results of the MEB, as well as the requirements of the soldier's MOS, in determining fitness. The PEB is conducted IAW AR 635-40.
- b. The composition of a PEB is similar to the MMRB. There are non-medical members and one medical member on the board. A PEB would be conducted at Walter Reed Army Medical Center in Washington, D.C. for a 12th AVN BDE soldier. None are conducted in Europe.

- c. The PEB can recommend the following.
 - (1) Physically qualified and continue on active duty.
 - (2) Place on the permanent disability retired list.
 - (3) Separate from active duty with a lump sum entitlement.
 - (4) Place on the temporary disability retired list for up to 5 years and re-evaluate.
 - (5) Separate with no benefits because the disability was not incurred in the line of duty or existed prior to service.

6. Tracking the status of soldiers undergoing an MMRB or MEB/PEB.

Tracking the status of a soldier is difficult. The initial step is the commander recognizing the fact that a soldier needs an MMRB or MEB/PEB. This places great responsibility on the soldier, as the soldier must notify the command. Using the guidelines enclosed, the command can then make the appropriate decisions. Once the course is determined, notification of the local flight surgeon is imperative. The flight surgeon can then assist the unit commander in tracking these actions.

- a. MMRBs: Contact the 12th AVN BDE S1.
- b. MEB/ PEBs: Contact the Medical Board section of the local hospital which is profiling the soldier. Current DSN extensions are as follows:
 - (1) Wuerzburg MEDDAC/ 67th CSH: 350-2221.
 - (2) Heidelberg MEDDAC: 371-2787.
 - (3) Landstuhl Regional Medical Center: 486-7216.
- c. As sections frequently move about within these institutions, the local FS can often assist in tracking down this information. **However, it is important to remember that the local/ BN FS will only know about pending MMRB or MEB/PEB actions when informed by the unit commanders.**

7. The MMRB Packet.

The commander's responsibilities are:

- a. Prepare the commander's evaluation memorandum. Ensure that it includes the following:
 - (1) Soldier does/does not possess the physical ability to perform his/her PMOS in a world-wide field environment.
 - (2) Soldier is/is not currently working in his/her PMOS.
 - (3) Soldier's height and weight is (_/_). Soldier does/does not meet the body fat standards IAW AR 600-9.
- b. Counsel the soldier on procedures and determinations of the MMRB.
- c. Ensure soldier arrives at the MMRB on time.
- d. Upon the final decision from the MOS/Medical Retention Convening Authority (MMRBCA), take further action as directed.
- e. Ensure the following items are included in the packet.
 - (1) Commander's evaluation (original, see example below)
 - (2) Acknowledgment of Notification (original, see example below. Note: "Clarification of Physical Profile Status" is just the final appropriately signed permanent profile)
 - (3) Permanent Profile (DA Form 3349, signed by 3 doctors and unit commander)
 - (4) DA Form 705 (most recent PT card)
 - (5) Body Fat Worksheet (if needed)
 - (6) Form 2A or 2-1
 - (7) 201 file (a complete copy of MPRJ is acceptable if original cannot be obtained)
 - (8) Original Medical Records (no exceptions)

COMMANDER'S EVALUATION:

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
9TH BATTALION, 178TH AVIATION REGIMENT
APO AE 01234

AETV-AJDF

1 APR 98

MEMORANDU FOR Commander, V Corps AG, ATTN: MMRB, APO AE 09014

SUBJECT: Notification of MOS/Medical Retention Board (MMRB) Proceedings

1. SPC Jane Wayne, SSN 123-45-6789, 96B10, has been informed that an MOS/Medical Retention Board (MMRB) will evaluate her ability to perform in PMOS 96B10 based on the limitations imposed by her permanent physical profile. SPC Wayne acknowledges notification and intends to appear before the MMRB.
2. SPC Wayne has been assigned to this company for approximately 7 months and is currently working in her PMOS. During this time, she has received an Army Achievement Medal, Battalion Coin, and has been promoted to specialist based on her overall performance and potential. SPC Wayne's physical impairment, at times, partially detracts her from her duties, but overall, she completes all tasks required of her PMOS in garrison and the field.
3. SPC Wayne does possess the physical ability to perform her PMOS world-wide under field conditions.
4. SPC Wayne's current height/ weight is 65"/174 lbs. SPC Wayne meets body fat standards IAW AR 600-9 as shown in enclosure 1.
5. POC this action is the undersigned at 345-6789.

CRAIG KAUZEN
CPT, AV
Commanding

Encls

1. as
2. DA Form 2A
3. DA form 2-1
4. DA Form 3349
5. DA Form 705
6. Acknowledgment of Notification

ACKNOWLEDGMENT OF NOTIFICATION:

ACKNOWLEDGMENT OF NOTIFICATION

1. I certify that I have received the original copy of my Clarification of Physical Profile Status on _____ (date). In compliance with this notification, the following information is submitted.
- a. I DO NOT REQUIRE an MOS/Medical Retention Board (MMRB) for one of the following reasons (initial one):
- I appeared before an MMRB on _____ at _____. A copy of the MMRB results is attached.
 - I appeared before an MEB/PEB on _____ at _____. A copy of the MEB and/ or PEB results are attached.
 - My physical profile has since been downgraded from P3 or P4. A copy of the updated DA Form 3349 (profile) is attached.
- b. I DO REQUIRE an MOS/Medical Retention Board (MMRB) due to my current profile. I request the following (initial one):
- I desire a personal appearance before the board.
 - I waive my right to appear before the MMRB. I realize by waiving my right to appear before the board that my personnel records, medical records, commander's evaluation statement, and my personal statement (if desired), will be presented to the board prior to their final recommendation to the MMRB Convening Authority.
- c. I request the following for the board (Initial your chosen options):
- I request that female board member be present if reasonably available (only for females appearing before the board).
 - I request that Judge Advocate General board member be present (only for officer of the Judge Advocate General Corps appearing before the board).
 - I request that Chaplain board member be present (only for officers of the Chaplain Corps appearing before the board).
 - I request the following local witnesses to be present to appear before the board in my behalf:
- | RANK | NAME | POSITION |
|-------|-------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- I have attached a written statement to be submitted to the board.

PRINTED NAME: _____ SIGNATURE: _____
 RANK: _____ SSN: _____ UNIT: _____
 PMOS _____ I CAN BE REACHED AT (WORK): _____

8. The MEB packet.

The following are required as part of the standard MEB packet.

- a. Letter of evaluation from unit commander (see below).
- b. Updated 2A /2-1
- c. Updated LES
- d. Updated SF88/93 with dental (the usual physical completed at TMC)
- e. Updated personnel certificate
- f. DA-31 signed by unit commander but leave the dates blank.

Sample letter of evaluation follows.

SAMPLE LETTER OF EVALUATION FOR MEB:

DEPATMENT OF THE ARMY
UNIT ADDRESS
UNIT NUMBER OR CMR
APO AE XXXXX

OFFICE SYMBOL

DATE

MEMORANDUM FOR President of the Physical Evaluation Board
Walter Reed Army Medical Center, Washington D.C. 20307-5001

SUBJECT: Commanders Evaluation on NAME, SSN XXXXXX

1. The purpose of this memorandum is to render my evaluation on SGT John Doe's ability/inability to physically perform the duties of his/ her PMOS. My evaluation is based on the soldiers permanent profile and reported observations from his chain of command.
2. SGT Doe's inability to perform very basic physical tasks such as running, jumping, and any high impact activity reduces his and his action's ability to complete their wartime mission. The 13P MOS has many physically demanding needs. This soldier cannot complete many of these tasks efficiently. I believe that this soldier's limitations are so restrictive that they preclude satisfactory physical performance in any MOS or specialty code which the Army has a need. I recommend that SGT Doe be referred to the Army's Physical disability system.
3. POC for this memorandum is the undersigned, DSN XXXXX

CPT, XX
Commanding

Reference: AR 635-40 Appendix C-6, para b, sub 1-4.

The above can be modified based on what you think the soldier can do.

OVERVIEW OF THE MMRB AND MEB/PEB PROCESS

