

INFORMAL	Findings of the Physical Evaluation Board Proceedings	Ref. # F215nm14065
Date Printed 29 Dec 2015		Page 1

<i>PERSONNEL DATA</i>					
1. Name LITTLE, Michael J	2. SSN	3. Rate/Rank ABH2	4. Service USNR	5. Desig.	6. LOS 5 yrs. 9 mos.

<i>PHYSICAL EVALUATION BOARD</i>
7. The Board convened at: NCPB, Washington DC, 8 Dec 2015 to consider the MedBoard originated at: Bethesda, MD
Board Membership Consisted of: CDR, USN, Medical Officer Capt., USNR, Line Officer N/A, N/A, Third Officer

<i>FINDINGS</i>		
8. Finding Fit	9. Recommended Disposition Fit to Continue on Active Duty	10. Combined Disability Rating

C. Y. Lee, PEB, QA
By Direction

INFORMAL	Findings of the Physical Evaluation Board Proceedings	Ref. # F215nm14065
Date Printed 29 Dec 2015		Page 2

PERSONNEL DATA					
1. Name	2. SSN	3. Rate/Rank	4. Service	5. Desig.	6. LOS
LITTLE, Michael J		ABH2	USNR		5 yrs. 9 mos.

AUTHENTICATION

PHYSICAL EVALUATION BOARD MEMBERSHIP

Medical Officer: R. M. Webster, CDR, USN, Medical Officer
 Presiding Officer: R. T. Carretta, Capt., USNR, Line Officer
 Third Officer: Third Member Vote, N/A, N/A, Third Officer

FINDINGS COMMENTS

Medical Ofcr
 2015-12-06 08:20:41 rms

The member has been diagnosed with PTSD and Depressive Disorder NOS. Although the member does experience symptoms related to these conditions, he is not currently require medications for his conditions and he has no history of hospitalization. Furthermore, his command indicates that he has good potential for continued service and both his CO and co-workers who are retired flag officers endorse his retention. Therefore, it is the opinion of the Board that the preponderance of evidence at this time indicates that the member is fit for continued naval service.

Presiding Ofcr
 2015-12-08 13:29:06 rtc

DEPLOYABILITY.
 - Inability to perform the duties of his or her office, grade, rank, or rating in every geographic location and under every conceivable circumstance will not be the sole basis for a finding of Unfitness. (SECNAVINST 1850.4E para 3307)

PFT.
 - Inability to take/pass the PRT/PFT will not be the sole basis for a finding of Unfit to continue naval service. (SECNAVINST 1850.4E para 3307)

AUTHENTICATION SIGNATURE

Date

REVIEW SIGNATURES

	Signature	Date
QA Review:	_____	_____
Legal Review:	_____	_____
Required: Yes/ No		
OJAG Review:	_____	_____
Required: Yes/ No		



DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
720 KENNON STREET SE STE 309
WASHINGTON NAVY YARD DC 20374-5023

IN REPLY REFER TO

MEMORANDUM FOR THE RECORD

Subj: RECEIPT OF FINDINGS

1. On 12/30/2015, I received the findings of the Physical Evaluation Board in my case. I understand that I have until 1/9/2016, (10 calendar days) after my receipt of findings to submit my decision as to whether I do or do not accept the findings. I will record my decision on an Election of Options form, which my PEBLO will provide me during my counseling session. **My PEBLO has explained to me that they are available to me by appointment with regards to my rights and benefits. I understand that I must submit my Election of Options form to the PEB through my PEBLO. I also understand that if my Election of Options form is not received by my PEBLO, by no later than the close of business on the 10th calendar day after my receipt of findings, the PEB, in accordance with SECNAVINST 1850.4E, will finalize my case and I will have no right to further proceedings. My only recourse would be to submit a petition to the Board for Correction of Naval Records (BCNR).**
2. I understand that I should attend the IDES Consultation Seminar given by the PEBLO with a signed certificate as proof of attendance.

Signature of Member

ABH2 MICHAEL LITTLE

Printed Name of Member

Date

THIS IS NOT THE ELECTION OF OPTIONS FORM. FAILURE TO READ AND SIGN THIS DOCUMENT DOES NOT CHANGE OR EXTEND THE REQUIRED RESPONSE INDICATED ABOVE.

To schedule for IDES Consultation Seminar or an appointment with the PEBLO please call the following number(s):

PHIPPS, M.S., GYSGT, USMC

Printed Name of PEBLO

PEBLO Signature



Integrated Disability Evaluation System (IDES)
IPEB Election of Options (EOO)

12/30/2015
Date

From ABH2 MICHAEL LITTLE Last 4 WRNMMC BETHESDA
Rank/Name Hospital

To: President, Physical Evaluation Board

Subj: **IDES ELECTION OF OPTIONS**

Ref: (a) OUSD Directive-Type Memoranda (DTM) dtd 19 Dec 2011
(b) SECNAVINST 1850.4E

1. I acknowledge receipt of my Physical Evaluation Board (PEB) findings and appropriate counseling regarding my IDES Election of Options. I understand my PEB Findings and options, and choose the following option(s) in accordance with references (a) and (b). I understand the PEB will finalize my case (as *Presumed Acceptance*) if I do not choose an option within ten (10) calendar days from the day I received my findings.

2. Right to legal counsel. I understand my right to consult with an attorney prior to completing this form. Upon my request, a government lawyer (at no charge) will be assigned to represent me. I also have the right to be represented by private counsel, but at my sole expense.

Note: I understand my right to consult with an attorney does not delay my ten (10) day period to decide my option(s).

3. eBenefits – I am aware of the eBenefit web portal; a veteran and family gateway web portal to benefit information. eBenefits provides a central location for veterans, service members, and their families to research, find, access, manage benefits and personal information. I may access eBenefits web portal at (<https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>).

4. Compensation and Benefits Handbook – I am aware of the *TurboTap* Transition Assistant Program and the Compensation and Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces web portal at: <http://turbotap.org/register.tpp>.

5. “Quick Series” Guide – I have received my *Quick Series: Guide to the IDES* to ensure that I understand the basic components of the IDES and where to go for help.

6. Service obligation for Military Officers. I understand that Service Headquarters will determine my obligated service requirements.

7. To ensure my choice is accurately understood, I will initial the bottom of each page and the appropriate sections:

X
Initials

INFORMAL PEB FINDINGS

I. _____ I accept / do not accept (initial and circle your decision) the Informal PEB's fitness determination:

- If accepting, proceed to section II.
- If contesting, proceed to section III.

SECTION II (Accept)

II. I ACCEPT the Informal PEB's finding(s). I do not request a Formal PEB hearing, waive my right to submit new and/or additional information, and (Select the Following):

- Note: Options A and B are not available for members enrolled in PLD.

~~A. I request to remain on active duty in a Permanent Limited Duty (PLD) status until _____. I understand I am responsible for sending my PLD Request (with justification and Command endorsement) within fifteen (15) calendar days from today's counseling date, to COMNAVPERSCOM (PERS-4821) or CMC (MMSR-4) with concurrent notification to the PEB. I understand the PEB does not approve my PLD.~~

~~B. (For UNFIT Navy members only) I request my separation/retirement date be on _____. Requested date must be no less than 30 days, but not more than 90 days from the day, I received notice of my PEB findings. I understand the PEB does not determine my separation/retirement date.~~

C. Request the Department of Veterans Affairs (VA) reconsider my disability rating percentage(s).

Note: I understand that:

1. The VA will ONLY reconsider the disability rating(s) for the condition(s) the PEB determined were Unfitting.
2. The request for a VA disability rating reconsideration *must* include new medical evidence or sufficient justification of an error to warrant reconsideration.
3. I understand the PEB will finalize my case (without forwarding for a VA Reconsideration) if I fail to submit new medical evidence or sufficient justification of an error to warrant reconsideration within ten (10) calendar days from the day I received my findings.
4. Upon receipt of the VA Reconsideration, the PEB will immediately finalize my case, notify my service headquarters, and send me the VA's Reconsideration.
5. Although I am permitted only a one-time VA disability rating reconsideration while in the DES, upon my separation/retirement I may appeal my disability ratings directly to the VA per 38 CFR Part 3. Additionally, I understand I have the opportunity to be represented before the VA by a VA-accredited attorney, agent, or representative of a VA-recognized Service organization.



Initials

~~_____ The following list contain the condition(s), together with the supporting documentation, I desire the PEB to forward to the VA for reconsideration on my disability rating percentage(s).~~

~~_____ Provided documentation: Yes: No~~

~~_____ Provided documentation: Yes: No~~

~~_____ Provided documentation: Yes: No~~

~~_____ Provided documentation: Yes: No~~

Please explain and/or provide statement:

~~_____

_____~~

Note: Attachment including medical and/or non-medical documentation justifying an error warranting reconsideration must be included together with this EOO.

~~*~~

Initials

SECTION III (Contest)

III. I DO NOT ACCEPT and CONTEST the Informal PEB's finding(s), and:

_____ I request a Formal PEB hearing to contest only my fitness determination.

Note: I understand that:

1. The PEB will ONLY consider the fitness determination (Fit or Unfit), and will not consider the disability rating percentage(s); Rating percentage(s) will be determined by the VA. (Not applicable for TDRL)
2. Because a Formal Hearing is a "*de novo*" proceeding, my previous PEB findings can change.
3. I am entitled and strongly encouraged to submit a statement clearly indicating the reason(s) for contesting the Informal PEB's fitness determination. This statement should include the final PEB result I desire.
4. This formal hearing will be a full and fair hearing, and I will be appointed a government lawyer (at no charge) to represent me. I also have the right to be represented by private counsel, but at my sole expense.

Select and initial as applicable:

_____ Per SECNAVINST 1850.4E §§ 3202, 3302, I request that the PEB determine the following diagnosis(es) as unfitting:

- _____ Provided documentation: Yes: No
- _____ Provided documentation: Yes: No
- _____ Provided documentation: Yes: No
- _____ Provided documentation: Yes: No
- _____ Provided documentation: Yes: No

Please explain and/or provide statement:

Note: Attachment including medical and/or non-medical documentation justifying an error warranting reconsideration may be included together with this EOO.

/s/ _____
Initials

Member's local mailing address/telephone number:

Address where service member will be flying from

* ADDRESS: _____

AIRPORT NAME: _____

* DATE OF BIRTH: _____

* PHONE #s:

HOME: (____) _____ WORK: (____) _____

CELL: (____) _____ FAX: (____) _____

* EMAIL ADDRESS: _____

* Admin/PSD address: *(Complete Address Required)*

ABH2 MICHAEL LITTLE * _____ * _____
Member's name (Printed) Signature Date

PEBLO CERTIFICATION/SIGNATURE

I certify upon the penalty of perjury that I fulfilled the counseling requirements in accordance with references (a) through (b), and that I forwarded the Member's election of options to the Physical Evaluation Board.

PHIPPS, M.S., GYSGT, USMC
PEBLO NAME

Signature

30 Dec 2015
Date

* _____
Initials

PEB COUNSELING CHECKLIST

ICO: ABH2 MICHAEL LITTLE USNR

1. Finding: FIT Disability Rating: Disposition: FIT TO CONTINUE
2. For all separations/retirement issues and pay related questions see your PSD/S-1/IPAC. You must notify your Chain of Command of the PEB results and your actions.
3. Member acknowledges that he/she should schedule for TAP seminar as soon as possible. (Fleet and Family Service Center)
4. Member acknowledges that he/she may be eligible for some or more of the following benefits and must contact the local VA Service officer at this phone number: 1-800-827-1000:
VA Website: www.va.gov
 - (a) VA Dependency and Indemnity Compensation (DIC) – Spouse and child if service connected death.
 - (b) VA Life Insurance (VGLI) – Apply within 1 year and 180 days. Coverage up to current SGLI and rate based on age. No need for medical record review.
 - (c) VA Disability Compensation – tax free, based on VA's assessment and rating.
 - (d) Vocational Rehabilitation and Employment (VR&E):
www.vba.va.gov/bln/vre/index.htm
 - (e) VA Death Benefits – Recommend research on VA website for all needed information.
 - (f) Tricare – If retiring (TDRL/PDRL) or separating, stop by your local HBA or Tricare office for up to date information.
 - (g) TRICARE Extended Care Health Option (ECHO) for family members with special needs handout.
 - (h) Compensation and Benefits Handbook web portal: <http://turbotap.org/register.tpp>
 - (i) Social Security and other federal, state or local government benefits – These may vary from state to state. When you determine where you are going to live contact your local VA Office, state schools, and state employment office.
5. Member understands that they have ten (10) calendar days from the date they are notified of the Findings of the PEB in which to respond. The date of notification is 12/30/2015. The date the response is due at the PEB is 1/9/2016. Failure to respond by the due date constitutes a presumption of acceptance and the case will automatically be finalized according to the current finding of the PEB.
6. Right to legal counsel. I understand my right to consult with an attorney prior to completing my Election of Options. I understand my right to consult with an attorney does not delay my ten (10) day period to decide my option(s).
7. Member made aware of eBenefits web portal:
<https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>

PEB COUNSELING CHECKLIST

ICO: ABH2 MICHAEL LITTLE USNR

8. _____ Member counseled of option to:
- (a) Accept the Findings – normal time to discharge/retirement 6-8 weeks
 - (b) Accept the finding and submit a request for Permanent Limited Duty (PLD) to service headquarters. Service headquarters is the only approving authority for PLD.
 - (c) Request a onetime VA Rating reconsideration
 - (e) Demand/Request a formal hearing
9. _____ Member understands that by policy they normally shall be separated within 45 - 90 days of final notification of CMC/BUPERS. This normally means within one to two weeks from the date of final decision, but the processing may take longer depending on administrative requirements.
10. _____ Member counseled as to TDRL requirements and PTSD/TBI requirements (if applicable). Sailors being placed on the TDRL are required to contact PERS-82 at 1-866-U-ASK-NPC (1-866-827-5672 or DSN 882-5672) within 30 days of retirement from service to provide an accurate phone number, email address, and mailing address. Sailors who fail to maintain up to date contact information with PERS-82 may have their retired pay suspended. Members on TDRL are encouraged to actively communicate with PERS-82 during their time on the TDRL in an effort to ensure program compliance. Marines can contact the Wounded Warrior Call Center at 1-877-487-6299 for assistance and to keep HQMC informed of address changes.



Signature/Date

ADDRESS INFORMATION FORM

FROM: ABH2 MICHAEL LITTLE USNR

I understand that I am responsible for providing the Physical Evaluation Board with a current address and that my failure to do so may result in my case being finalized without my having the opportunity to exercise all of my rights under SECNAVINST 1850.4E

The mailing address to which I desire all PEB correspondence pertaining to my case be mailed is:

SAME AS ELECTION OF OPTIONS

I understand all PEB mail will be delivered by Certified Mail, Return Receipt Requested and that acceptance of that mail by other persons at the above address will be considered by the PEB as having been receipted for me. I also understand that mail returned to the PEB as undeliverable at the address provided by me will be finalized without my having the opportunity to exercise all of my rights under SECNAVINST 1850.4E.

I further understand that to ensure the PEB has my current mailing address I should mail a letter identifying myself by name with my new address information to one of the following:

President, Physical Evaluation Board

Washington Navy Yard
720 Kennon Street SE RM. 309
Washington DC 20374-5023
(202) 685-6432

Commander, Naval Personnel Command

NPC-821
5720 Integrity Drive
Millington, TN 38055-8210
(901) 874-3177/3176

Naval Reserve Personnel Center

4400 Dauphine St
New Orleans, LA 70149-7800
(504) 678-5895/5477

Headquarters, U. S. Marine Corps

Manpower and Reserve Affairs (MMSR-4)
3280 Russell Rd
Quantico, VA 22134-5103
(703) 784-9308/9309

Defense Accounting and Finance Service

P O Box 7130 – Retired Pay
London, KY 40742-7130
1-800-321-1080 (phone)
1-800-469-6559 (Fax)

*

Member's signature/rank/date

PEBLO signature/date

70 Dec 2015

You Have Just Been Found Fit by the PEB! What Does This Mean?

The Department of the Navy Physical Evaluation Board can make only one of two primary Fitness determinations...Fit or Unfit. The mechanism for making this determination is detailed in SECNAVINST 1850.4E, the Department of the Navy Disability Evaluation Manual. Below is an extract that discusses fitness to continue naval service.

SECNAVINST 1850.4E, para 2033. Fit. A finding by the PEB meaning that the member is Fit to continue naval service based on evidence which establishes that the member is reasonably able to perform the duties of his or her office, grade, rank or rating, to include duties during a remaining period of Reserve obligation. Within a finding of Fit to continue naval service is the understanding that the mere presence of a diagnosis is not synonymous with a disability. It must be established that the medical disease or condition underlying the diagnosis actually interferes significantly with the member's ability to carry out the duties of his or her office, grade, rank or rating. Members found Fit to continue naval service by the PEB are eligible for appropriate assignment. However, a finding of Fit by the PEB does not preclude subsequent temporary determinations of unsuitability for deployment or PRT/PFT participation, disqualification for special duties, Temporary Limited Duty, or administrative action resulting from such determinations.

The DoD Disability Evaluation System is a performance-based system. Therefore, a Fit finding from the PEB simply means the member's condition **does not** prevent the member from reasonably performing a job **somewhere within the Department of the Navy**. A PEB finding of Fit does not equate to Fit for Full Duty, Fit for special duties, Fit for overseas or sea duty or Fit to pass the PRT/PFT. It is incumbent upon the member's command to make the difficult decisions as to how best to utilize a member's **remaining potential for continued naval service** once they have received a Fit finding from the PEB.

After a Fit finding from the PEB, a member may still be found to be unsuitable for certain assignments because of medical or physical limitations. A Fit finding does not preclude MOS/rating/NEC changes or administrative separation for unsuitability. Very clearly a member may have a Fit finding for continued naval service from the PEB and yet they may no longer be Fit for **Full Duty**.

FIT for continued Naval Service \neq Fit for Full Duty

MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

Privacy Act Statement

Authority: 5 U.S.C. 301, Departmental Regulations; and E. O. 9397 (SSN).

Purpose: To identify medical, dental or educational conditions for the purpose of making a suitability recommendation for an overseas, remote duty, or operational assignment.

Routine uses: This form is completed by a military/civilian physician, nurse practitioner, physician assistant, or independent duty corpsman. The medical treatment facility (MTF) Suitability Screening Coordinator will place the completed original form in the service or family member's MTF medical record and retain a copy for audit.

Disclosure: Voluntary; however, failure to provide this information may delay the screening process, result in orders held in abeyance until completion of screening or affect the amount of leave in transit.

Refer to BUMEDINST 1300.2A for implementing guidance. **Complete one form for each service and family member screened.**

SERVICE MEMBER NAME	GRADE / RATE	SSN
FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	SSN
NEXT DUTY STATION LOCATION & UNIT IDENTIFICATION CODE (UIC):		TYPE DUTY CLASSIFICATION CODE: (Navy enlisted only)

PART I

Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Attach the completed Report of Medical History (DD 2807-1) to this form.

Yes	No	N/A	ITEM
			1. All current health records (military and civilian) reviewed?
			2. Physical examinations (aviation, submarine, radiation, asbestos, etc.) current and documented?
			3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? (document on DD 2807-1)
			11. For all service members, annual preventive health assessment (PHA) current and documented?
			12. For servicewomen:
			a. Annual health assessment current and documented?
			b. Pregnancy screening (verbal inquiry)?
			c. If pregnant? (EDC:)
			13. For family members, U.S. Preventive Services Task Force screening test recommendations current and documented?
			14. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			15. Are there any conditions requiring ongoing care in the following areas? (document on DD 2807-1)
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., mood, adjustment/personality disorder, ADD/ADHD, anxiety, psychosis)
			g. Recurrent or frequent medications not on the standard formulary (list on DD 2807-1)
			h. Alcohol or substance abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Specify other conditions or concerns:
			16. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform capable of managing the medication manipulation(s) if the underlying condition exacerbates?
			d. Has the service/family member registered with the TRICARE Mail Order Pharmacy program?

Yes	No	N/A	ITEM
			17. For service/family members with underlying medical conditions: <i>(if not applicable, check block and skip to #18)</i>
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? <i>(document on DD 2807-1)</i>
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? <i>(document on appropriate SF 600)</i>
			18. For infants and toddlers (birth through 2 years, inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			19. For preschool and school children (ages 3 through 21, inclusive) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and DD 2792, Addendum B?
			20. Specify other concerns:

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MEDICAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. *(Attach Reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? <i>(completed by an MTF medical screener only)</i>
MTF Medical Screener (Signature) _____ Date _____ Printed Name, Rank or Grade _____ MTF or Duty Station _____ Telephone Number (include area/country code) _____ DSN Number _____ Telefax Number (include area/country code) _____ E-mail Address _____		Civilian Medical Screener (Signature) _____ Date _____ Printed Name _____ Address _____ City, State, and ZIP Code _____ Telephone Number (include area/country code) _____ Telefax Number (include area/country code) _____ E-mail Address _____

PART II

SERVICE / FAMILY MEMBER NAME	GRADE / RATE / FAMILY MEMBER PREFIX	SSN
------------------------------	-------------------------------------	-----

Dental Screening. Completed by a dental officer/privileged dentist prior to an overseas, remote duty, or operational assignment for the purpose of assessing and matching the dental needs of a service/family member to the support capabilities of the gaining medical treatment facility.

Yes	No	N/A	ITEM
			1. All current dental records (military and civilian) reviewed?
			2. All dental examinations are current? (If more than 180 days since last T-1 or T-2 dental exam, a dental officer/privileged dentist must, at a minimum, review the dental record and interval medical and dental history.)
			3. Is a reexamination required by a Navy MTF if examined or treated at a non-Navy facility?
			4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
			5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			7. Specify other concerns:

8. Specify Dental Class: *(required for service members)* _____

Dental Classifications: (Per DoDI 6025.19)

Normally considered worldwide deployable:

- Class 1** - Patients with a current dental examination, who do not require dental treatment or re-evaluation.
- Class 2** - Patients with a current dental examination, who require non-urgent dental treatment or re-evaluation for oral conditions unlikely to result in a dental emergency within 12 months.

Normally not considered worldwide deployable:

- Class 3** - Patients who require urgent or emergent dental treatment for oral conditions with a high potential to cause a dental emergency in the next 12 months.
- Class 4** - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) dental examination was completed by a dental officer/privileged dentist within the past 12 months; (2) A patient's dental record does not exist or; (3) The dental record is not held by the responsible dental treatment facility or Medical Department activity.

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, FORWARD A SUITABILITY INQUIRY TO THE GAINING MEDICAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY, OR OPERATIONAL LOCATION TO DETERMINE IF THE REQUIRED DENTAL SUPPORT IS AVAILABLE. *(attach reply)*

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? <i>(completed by an MTF designated military dental screener only)</i>
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_____ MTF Medical Screener (Signature)	_____ Date	_____ Civilian Medical Screener (Signature)	_____ Date
_____ Printed Name, Rank or Grade		_____ Printed Name	
_____ DTF or Duty Station		_____ Address	
_____ Telephone Number (include area/country code)		_____ City, State, and ZIP Code	
_____ DSN Number		_____ Telephone Number (include area/country code)	
_____ Telefax Number (include area/country code)		_____ Telefax Number (include area/country code)	
_____ E-mail Address		_____ E-mail Address	

CALL FOR AN EXIT INTERVIEW

When you have the following:

1. Physical Evaluation Board Findings (accepted and Signed)
2. VA proposed rating decision

Contact your Military Services Coordinator (MSC):

Bring with you to the Exit Interview:

_____ Name of Nurse case manager (If applicable) - _____

_____ Relocation information (Forwarding address, current telephone number, Email)

_____ Direct Deposit info (Bank routing number and checking/saving account number)

_____ Dependency info (to include name, DOB, & SSN of spouse; date and place of marriage; previous marriage info for you and your spouse, to include previous spouse's name, date & place of marriage, how marriage terminated (divorce, annulment or death) & date and place of termination; child(ren) name, SSN, date and place of birth.

WEBSITES OF IMPORTANCE FOR TRANSITIONING SERVICE MEMBERS

TRICARE – [WWW.TRICARE.OSD.MIL/REGIONAL INFO](http://WWW.TRICARE.OSD.MIL/REGIONAL%20INFO)

TRICARE DENTAL – 1-800-866-8499

RETIREE DENTAL – 1-800-838-8737

VETERANS AFFAIRS – [HTTP://WWW.VA.GOV/](http://WWW.VA.GOV/)

BENEFITS DELIVERY UPON DISCHARGE (BDD)- WWW.VBA.VA.GOV/PREDISCHARGE/BDD

VETERANS GROUP LIFE INSURANCE – WWW.INSURANCE.VA.GOV/SGLI/DEFAULT

SURVIVOR BENEFIT PLAN (SBP) – WWW.DFAS.MIL/RETIREDPAY/SURVIVORBENEFITS

COMBAT RELATED SPECIAL COMPENSATION (CRSC) – WWW.DONHQ.NAVY.MIL/CORB/

DEFENSE FINANCE AND ACCOUNTING SERVICE - [HTTPS://WWW.DFAS.MIL](https://WWW.DFAS.MIL)

RETIREMENT DISABILITY PAY ESTIMATOR - <http://www.dfas.mil/retiredmilitary.html>

Separation/Retirement Websites

Veteran's Administration

<http://www.va.gov/>

Bureau of Labor and Statistics

<http://www.bls.gov/>

Veterans Service Organizations

<http://www1.va.gov/vso/>

Marine for Life

<https://www.m4l.usmc.mil/>

The Sailor/Marine American Council on Education Registry Transcript (SMART)

<https://smart.navy.mil/smart/welcome.do>

TRICARE

<http://www.tricare.osd.mil/>

SITES Database

<https://www.dmdc.osd.mil/appj/vmet/index.jsp>

Department of Labor Veterans - Employment and Training Services (VETS)

<http://www.dol.gov/vets>

Military Records

http://www.archives.gov/research_room/vetreecs/index.html

Employment & Training Administration (ETA)

<http://www.doleta.gov/>

National Association of State Directors of Veterans Affairs

<http://www.nasdva.com/>

DANTES

<http://www.dantes.doded.mil/>

Small Business Administration

<http://www.sba.gov/>

Department of Defense

<http://www.dod.gov/>

MCCS One Source

<http://www.mccsonesource.com/>

Education and Training Opportunities

<http://www.usmc-mccs.org/education/III.cfm>

Defense Link - US Department of Defense

<http://www.defenselink.mil/>

Stay Navy

<http://www.npc.navy.mil/CareerInfo/StayNavyTools/>

Navy Mutual Aid

<http://www.navymutual.org/>

Veterans Affairs (VA) Education

<http://www.gibill.va.gov/>

DFAS

<http://www.dod.mil/dfas/>

Military Exits

<http://www.militaryexits.com/>

Troops to Cops

<http://www.cops.usdoj.gov/>

MSCCN

<http://www.msccn.org>

Spouse Preference Information

<http://www.donhr.navy.mil/HRSC/east/MSPweb.htm>

TURBO TAP

<http://www.turbotap.org/register.tpp>

ebenefits

<https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal>



Navy and Marine Corps Disability Attorney Assistance

You have the right to consult with an attorney regarding your IDES/Medical Evaluation Board (MEB) case. You should consult with a Disability Attorney when your case is initially referred to a MEB and you check-in with the IDES/MEB office located at your military hospital or clinic; when you receive your Medical Board Report (NARSUM); and when you receive the Informal PEB findings from your PEBLO. Navy and Marine Corps Disability Attorneys can assist you throughout the IDES/Medical Evaluation Board process and ensure your rights are protected by providing the following services:

- IDES/MEB process explanation
- Case assessment and document review
- Requests for medical treatment/documentation
- Non-Medical Assessment (NMA) review
- Assistance with rebuttal statements, personal statements, and requests for clarification
- Impartial Medical Review (IMR) requests
- VA reconsideration petitions
- Formal PEB hearing preparation and coordination with detailed Formal PEB attorney
- Coordination with other agencies/organizations to secure benefits
- Outreach to area personnel and commands regarding IDES/MEB matters

It is important to read and understand the documents you sign. You should consult with a Disability Attorney before making any decision or signing any document in your case.

Walter Reed National Military Medical Center, Bethesda Maryland Disability Attorneys:

Walk-in consultations are available Monday through Friday from 0900-1200 and 1300-1500 in Suites 34 and 36 (lower level) of Building 11 aboard NSA Bethesda.

Office Fax: (301) 295-5983

Current a/o 21 Nov 2014