Introduction

Preparing a complete and accurate medical evaluation board requires that the IDES/MEB team, including the MEB provider, the PEBLO and MTF support staff understand specific rules and policies governing the IDES/MEB Integrated Narrative Summary (NARSUM) production process. This document outlines the minimum necessary requirements for NARSUM production. Each team member’s core roles and responsibilities are described. The team must adhere to overall timeliness and quality standards.

This Guidebook is associated with the mandatory Advanced MEB Adjudicators Training required for all MEB staff members who prepare NARSUMs.

For detailed IDES MEB Phase policy and process guidance, please refer to OPORD 12-31, ANNEX O (MEB Phase Implementation Guidance).

IDES Integrated NARSUM Format

MEB providers will use the following paragraph headers and numbering system to ensure consistent formatting and organization of the Integrated NARSUM:

1. Soldier Identification
2. Sources and References
3. Baseline Documentation
   a. Date of Entry into Service
   b. Estimated Termination of Service Date
   c. Line of Duty information, when applicable
4. Diagnoses for preparation of DA Form 3947
5. MRDP Statement
6. DA Form 3349 Review (or Update) and Discussion
   a. DA Form 3349 Review (or Update)
   b. DA Form 3349 Discussion
7. Diagnosis(es) not Meeting Medical Retention Standards
   a. Medical Basis for Diagnosis
   b. Onset
   c. Treatment Summary
   d. Noncompliance, when applicable
   e. Prognosis Statement
   f. Impact on Duty Performance
   g. Retention Standard Reference per AR 40-501, Chapter 3 with discussion
8. Mental Competency Statement, when applicable
9. Diagnosis(es) Meeting Medical Retention Standards
10. Quality Assurance Check
    a. Apparent Inconsistencies
    b. Timeliness of MEB Information
Building and Reviewing the Case File

The PEBLO includes the following documents within the MEB case file for the MEB provider's review: the most recent DA Form 3349, Physical Profile; DA Form 7652, Commander's Performance and Functional Statement; The Surgeon General (TSG) findings when a clinical provider referred a Soldier to TSG for noncompliance or other reason; VA Claim Form 21-0819, Section 1, Medical Conditions to be Considered as the Basis of Fitness for Duty Determination; and Section 2, Block 8, Additional Conditions; VA C&P examination reports (VA C&P exams). VA C&P exams include: the General Medical C&P Examination, VA worksheet examinations; and/or one or more Disability Benefits Questionnaire (DBQ).

The MEB provider also reviews the Soldier’s Service Treatment Records (STR), including the Soldier’s AHLTA records. Depending on the unique aspects of the Soldier’s medical conditions and presentation, the MEB provider reviews: past DA Form 3349, physical profiles; theater evacuation documents; initial entrance physical; operative reports; Pre/Post-Deployment Health Assessments; pertinent hardcopy clinical records; and other information of record presented by the Soldier.

NARSUM Preparation Process

1. Soldier Identification

In this section, the MEB provider includes the Soldier’s name, rank, and the primary military occupational specialty (PMOS) or area of concentration (AOC) corresponding to the PMOS or AOC alpha-numeric code.

2. Sources and References

In this section, the MEB provider identifies critical, specific, documents the MEB provider considered before performing their analysis and formulating their conclusions. The MEB provider does not duplicate large sections of content from referenced documents because these documents become part of the Soldier’s MEB case file and will be available to subsequent reviewers. The MEB provider includes and references all relevant written correspondence and memorialized oral communication.

The MEB provider finalizes this section after completing sections 3 – 9. This section allows others who review the NARSUM to access and review these important “source” documents. In sections 3 – 9, as necessary to support or explain particular conclusions, the MEB provider summarizes and highlights critical relevant information from these references.

The MEB provider references: current DA Form 3349, Physical Profile; DA Form 7652, Commander's Performance and Functional Statement; The Surgeon General (TSG) findings when a clinical provider referred a Soldier to TSG for noncompliance or other reason; VA Claim Form 21-0819, Section 1, Medical Conditions to be Considered as the Basis of Fitness for Duty Determination; and, Section 2, Block 8, Additional Conditions; and VA C&P examination reports (VA C&P). VA C&P exams include: the General Medical C&P Examination, VA worksheet examinations; and/or one or more Disability Benefits Questionnaire (DBQ).

When used to support a particular finding, the MEB provider references additional documents such as: relevant portions of the Soldier’s STR, including the Soldier’s AHLTA records. Where treatment notes are fundamentally the same from encounter to encounter, do not reference all
treatment notes. Indicate time frame of treatment and include notes that summarize prior
treatments and select a few notes that illustrate the Soldier’s condition, treatment, and progress.

Additionally, the MEB provider will reference the following, when relevant: past DA Form 3349,
Physical Profiles; current DA Form 3349, temporary profiles; relevant AHLTA notes; theater
evacuation documents; initial entrance physical; operation reports; Pre/Post-Deployment Health
Assessments; pertinent hardcopy clinical records; and other information of record presented by
the Soldier. Through coordination with the PEBLO, the MEB provider verifies these referenced
documents are included in the MEB case file.

3. Baseline Documentation

a. The PEBLO is responsible for assuring all administrative documents are provided for
an MEB (see MEDCOM MEB Document Checklist). The PEBLO is responsible for
communicating to the MEB provider whether the Soldier has ongoing or pending
administrative actions. Within the MEB case file, the PEBLO includes documents
providing the Soldier’s entry date; estimated termination of service date; and line of
duty information, when necessary.

b. The MEB provider describes how a condition meets LOD standards when there are
diagnoses that require, but do not have, valid LOD documents at the time of the MEB
review. Line of Duty information may be necessary for an Army National Guard
(ANG) or United States Army Reserve Soldier (AR) when the onset of the condition
is at issue.

4. Diagnoses for preparation of DA Form 3947, Medical Evaluation Board Proceedings,
Blocks 13a-e

a. This section is a communication vehicle between the MEB provider and the staff
preparing the DA Form 3947, generally the Soldier’s PEBLO. The MEB provider
completes this section after consideration of clinical records, laboratory findings, and
separation physical of record (whether performed by the Army or by the VA).

b. In this section, the MEB provider lists the underlying diagnoses for each referred
condition and all diagnosis(es) on the VA C&P exam. For each diagnosis that does not
meet retention standards, the MEB provider includes additional information that, by
regulation, must appear on the DA Form 3947. This includes: reference to the
applicable retention standard; approximate date of onset; MEB conclusions regarding
whether the condition existed prior to military service (EPTS); and, for EPTS conditions,
whether the MEB has determined the condition to have been permanently service
aggravated. See section 7 b., Onset.

c. The VA C&P exam may use diagnostic terminology that differs from the Soldier’s
Service Treatment Record and/or differs from the initiating “referred condition” (or
diagnosis). Provided the medical basis of the VA diagnosis is documented in the record
(see section 4.e.), the MEB provider will include the VA diagnosis. The MEB provider
may include the military diagnostic terminology.

Discussion: Where the (medically-supported) VA diagnosis is either more specific or
accurate than the military diagnosis, the MEB provider is not required to carry forward
the prior military diagnosis.
There are two acceptable formats for DA 3947 entries:

Format 1:

For a diagnosis not meeting retention standards, the first format is:
[DoD Dx], diagnosed by VA as [VA Dx], does not meet retention standards, per AR 40-501, Chapter 3-x, approx. date of onset:[indicate]; EPTS: yes/no; if EPTS yes: PSA: yes/no.

E.g., Lumbar arthritis, diagnosed by VA as degenerative disk disease. Medically unacceptable per AR 40-501, Ch. 3-39 h. Approx date of onset: June 2009; EPTS no.

For a diagnosis meeting retention standards, the first format is shortened to: [DoD Dx], diagnosed by VA as [VA Dx], meets retention standards.”

E.g., Lumbar arthritis, diagnosed by VA as degenerative disk disease. Medically acceptable.

Format 2:

For a diagnosis not meeting retention standards, the second format is:
“VA Dx. Medically unacceptable. AR 40-501, Ch 3-x Onset [date], EPTS [yes/no].”

E.g., Degenerative disk disease. Medically unacceptable per AR 40-501, Ch. 3-39 h. Approx. date of onset: June 2009; EPTS no.

For diagnoses meeting retention standards, the second format is shortened to: “VA Dx. Medically acceptable.”

E.g., Degenerative disk disease. Medically acceptable.

d. When the VA C&P exam renders a diagnosis (and includes the medical basis for that diagnosis – see section 4.e.) that is not already documented within the Soldier’s Service Treatment Records, the MEB provider will determine whether or not the condition, as described in the VA C&P examination, meets retention standards.

e. If the VA C&P examination fails to provide the minimal supporting documentation for a diagnosis, of fails to make a diagnosis that is clearly supported in the service treatment record, the MEB may seek clarification on the VA C&P examination (see Appendix 2). The MEB provider may also seek additional information from AHLTA notes, treating providers, commanders, or the Soldiers themselves in order to complete the NARSUM. The method for obtaining clarification of a VA C&P examination is outlined as follows:

(1) When a MEB provider identifies an area of a VBA contracted C&P examination that requires clarification or correction, they should raise the issue to contractexam.vbaco@va.gov.
(2) The Contract Management staff will analyze the issue, and when necessary, will work with the contractor to resolve the questions or problems raised by the MEB provider.

(3) Inquiries to the Contract Management Staff must include the following information: Contract #, date of exam, and date of report. This information appears under the Soldier's name (shown as CLAIMANT) at the start of each report. Also, indicate the specific type of exam (audiology, psychology, general medical) in question. NOTE: Do NOT include the Soldier's SSN, or the Soldier's name in combination with medical information in unencrypted email.

(4) When a MEB provider identifies an area of a VHA C&P examination that requires clarification or correction, they should coordinate with the MSC to contact the VHA C&P examiner and work with the MEB provider to resolve the questions or problems.

Examples:

Neurogenic bladder due to lumbar disc disease (VA Dx) no medical basis

In Section 9, the MEB provider indicates the VA C&P exam rendered the diagnosis based on the Soldier's self-report of urinary frequency. No additional testing or discussion was provider. The ALHTA records include a note from a neurosurgeon indicating the Soldier has no neurologic deficits due to degenerative disc disease.

Left hip, labral tear (VA Dx), no medical basis.

In Section 9, the MEB provider indicates that the Soldier's left hip arthritis (based on x-ray findings and prior clinical exam) is mild and meets retention standards. The MEB provider would also indicate that there is no MRI of record to support the VA diagnosis.

f. Except for specific provisions outlined in AR 40-501, Chapter 3, the MEB provider is authorized to determine whether a condition meets retention standards without obtaining Commander or supervisor substantiation of duty limitation. There are specific instances in which AR 40-501 requires documentation of duty limitations. For example, 3-41e (1) states that miscellaneous conditions or defects are cause for referral to MEB when the conditions (individually or in combination) result in interference with satisfactory performance of duty as substantiated by the individual's commander or supervisor. However, 3-41e (1) also states that any medical condition, injury or defect (individually or in combination) that prevents the Soldier from performing any of the functional activities listed under item number 5 on the DA Form 3349 (physical profile) is cause for referral. This does not require validation from the Commander or supervisor.
g. When a diagnosis, as described on the VA C&P exam, would significantly compromise a Soldier’s health or well-being if they remained in the military, the MEB provider will conclude that this condition does not meet retention standards. When a specific retention standard applies, the MEB provider can cite it directly. If the Soldier does not appear to meet the requirements of a more specific provision, the MEB provider will apply the more general AR 40-501, 3-41 e. (2).

h. The MEB provider will use one of the following two formats for DoDI 1332.38, Enclosure 5, Conditions and Circumstances Not constituting a Physical Disability: [VA Dx] (VA Dx), retention decision not applicable, per DoDI 1332.38, Enc. 5; or [VA Dx] retention decision not applicable, per DoDI 1332.38, Enc. 5.”

Examples:

*Enuresis (VA diagnosis), retention decision not applicable per DoDI 1332.38, Enc. 5.*

*Enuresis. Retention decision not applicable per DoDI 1332.38, Enc. 5.*

**Example of DA Form 3947 based upon information provided in Section 4**

<table>
<thead>
<tr>
<th>4</th>
<th>DA Form 3947, MEB Proceedings, Blocks 13 a – e</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Diagnosis</td>
<td>After consideration of clinical records, laboratory findings, and physical examination, the Board finds that the patient has the following medical conditions/defects. List all diagnosis.</td>
</tr>
<tr>
<td>a.</td>
<td>b.</td>
</tr>
<tr>
<td>Lumbar arthritis (VA Dx: degenerative disk disease) AR 40-501, Ch. 3-39 h</td>
<td>June 2009</td>
</tr>
<tr>
<td>Enuresis. Retention decision not applicable per DoDI 1332.38, Enc. 5.</td>
<td></td>
</tr>
<tr>
<td>Left hip, labral tear (VA Dx), no medical basis</td>
<td></td>
</tr>
<tr>
<td>Neurogenic bladder due to lumbar disc disease (VA Dx), no medical basis</td>
<td></td>
</tr>
</tbody>
</table>

**5. Medical Retention Determination Point (MRDP) Statement**

In this section, the MEB provider identifies one diagnosis and explains how its manifestations (or other characteristics) support finding the Soldier has reached MRDP. The MEB provider includes additional discussion or references other NARSUM sections, as necessary, to support conclusion.

Three sample statements below describe how MRDP has been reached:
a. The Soldier is beyond one year of being diagnosed with [specify diagnosis] and it appears to not meet [cite applicable AR 40-501, Ch. 3 provision].

b. The Soldier is within one year of being diagnosed with [specify diagnosis] and it appears to not meet [cite applicable AR 40-501, Ch. 3 provision].

c. The Soldier, due to [specify diagnosis], will not be capable of returning to duty within one year.

A Soldier will start the MEB process once they are at MRDP for one condition. See AR 40-501, Ch. 7-4 b.(2). This statement assures subsequent reviewers that the MEB is not premature.

6. DA Form 3349, Physical Profile: Review (or Update) and Discussion

   a. DA Form 3349 Review (or Update)

   After reviewing and updating the Soldier’s DA Form 3349 as described below, the MEB provider indicates they have completed their review and update.

   Permanent Profile: The MEB provider may confer with the profiling officer for clarification and/or revision of the original profile, as necessary. The MEB provider may also rewrite the profile without assistance if he/she is a profiling officer.

   The MEB provider verifies DA 3349, Block 1 includes all medical conditions that prevent the Soldier from performing any of the functional activities in Blocks 5 a-j. Any diagnoses from the VA C&P exam that cause duty limitations should also be included on the DA 3349.

   Temporary Profiles: The MEB provider will explain duty limitations associated with conditions for which the Soldier has a current temporary profile.

   Example: The Soldier’s permanent profile indicates limitations due to chronic, intractable low-back pain with paraplegia and incontinence. The Soldier also has a T3 profile for a wrist fracture sustained 8 Sept 2012 while playing ice hockey at the Post Warrior Winter Games. This condition precludes upper body PT and related activities. The Soldier will receive treatment for this condition which, according to the Soldier’s coach and orthopedic surgeon, will resolve this condition within 6-10 weeks.

   The MEB provider verifies Block 5 j is checked when one or more of the Soldier’s diagnoses, individually or in combination, would worsen if deployed to an austere environment. This includes deploying to an area regularly experiencing significant environmental hazards, locations with limited access to a reliable source of electricity, or environments where force protection levels mandate prolonged use of body armor and/or chemical protection equipment which would worsen the Soldier’s condition. AR 40-501, 8-20. b. (4) (d) 1 – 3 may also apply to psychiatric diagnoses (see also 3-32 and 3-33). For additional information regarding medical fitness standards for deployment and certain geographical areas see AR 40-501, 5-14.

   For each diagnosis that prevents the Soldier from performing one or more functional activities, the MEB provider verifies that the PULHES numerical designator is, at a minimum, 3, indicating the diagnosis does not meet retention standards. See AR 40-501, 3-41 e (1).
b. DA Form 3349, Physical Profile, Discussion

In this section, the MEB provider discusses the relationship between the Soldier’s medical diagnoses and the “lay terminology” used by the profiling official in Block 1.

When the Soldier has multiple conditions listed in Block 1, and where these conditions prevent the Soldier from performing more than one functional activity, the MEB provider identifies the relationship between the medical diagnosis(es) and duty limitations.

The MEB provider explains why the diagnosis prevents the Soldier from performing any of the functional activities when it may be unclear to subsequent reviewers.

The MEB provider may also discuss why the other diagnoses that meet retention standards are not listed on the profile, not associated with a 3 in the PULHES, and/or do not prevent the Soldier from performing any of the functional activities. This discussion will ultimately help explain why the conditions meet medical retention standards.

7. Diagnosis(es) Not Meeting Medical Retention Standards

The MEB provider completes 7 a – g for each diagnosis that does not meet medical retention standards.

To avoid redundancy, it is acceptable for the MEB provider to indicate that one provision applies to multiple diagnoses, i.e., 7 a – g. For example, where the Soldier has multiple diagnoses stemming from one injury, the MEB provider should only include one section b. Onset; and refer back to this when describing subsequent diagnoses stemming from this injury.

AR 40-501, Chapter 3: Considerations

AR 40-501, Ch 3-1 (General) AR 40-501, 3-1 describes retention standards detailing those conditions which, individually or in combination, (a) significantly limit or interfere with performance of duties; (b) would compromise or aggravate the Soldier’s health or well-being if they were to remain in the military. (This may involve dependence on certain medications, appliances, severe dietary restrictions, or frequent special treatments, or include a requirement for frequent clinical monitoring); (c) may compromise the health of well-being of other Soldiers; and/or; (d) may prejudice the best interests of the Government if the Soldier were to remain in the military.

Miscellaneous defects and conditions not otherwise described in AR 40-501, Chapter 3. AR 40-501, 3-41 (e) provides that any condition will not meet retention standards when the condition (individually or in combination): (1) interferes with satisfactory performance as substantiated by the Soldier’s commander or supervisor; or prevents the Soldier from performing one or more functional activities in Block 5 on DA Form 3349; (2) would compromise the Soldier’s health or well-being were they to remain in the military; or (3) in view of the condition, retaining the Soldier prejudices the Government’s best interests.

Diagnoses first identified through the VA C&P examination process. Using clinical
judgment, the MEB provider determines whether each diagnosis, as described in the VA C&P exams, meets retention standards.

**Conditions that Appear Temporary.** Even when the Soldier has not received adequate (or any) treatment for the condition, the MEB provider considers whether any AR 40-501, Ch. 3 provision may apply. When the MEB provider believes that, with treatment, the condition will meet retention standards, but as currently manifesting, does not, the MEB provider indicates the condition does not meet retention standards. In section 7 e, Prognosis Statement, the MEB provider includes reason(s) why they believe the condition will meet retention standards with further treatment.

Based upon the documents listed in Section 2, the MEB provider specifies the references and summarizes the relevant information they used to support their conclusions.

**a. Medical Basis for Diagnosis**

In this section, the MEB provider indicates the medical basis for the diagnosis (e.g., X-ray confirmation of osteoarthritis; meeting requisite DSM-IV criteria; endoscopy findings, etc.).

**b. Onset**

In this section, the MEB provider indicates the Soldier’s duty status (e.g., Active Duty; Mobilized Reserve; or Troop Program Unit); and the Soldier’s geographical area. When diagnosis is related to an injury, the MEB provider discusses how the injury occurred. The MEB provider specifically references supporting medical documentation. If no documentation exists, the MEB provider must indicate this.

**Date of onset vs. date of diagnosis:** The date of onset may not correspond to the date of diagnosis. The date of onset will likely correspond to the date of diagnosis when the diagnosis relates to acute injury or acute pathological event, e.g., myocardial infarction; stroke.

When a condition that can go undetected for a long period of time is first diagnosed while the Soldier is in the military, the MEB provider considers whether the condition existed prior to service. The MEB provider reviews the initial entrance exam, previous VA records and considers general medical principles.

When the MEB provider concludes the condition existed prior to service, they must include the basis for their conclusion.

DoDI 1332.38, E2.1.19 defines natural progression as “the worsening of a pre-Service impairment that would have occurred within the same timeframe regardless of Military Service.”

DoDI 1332.38, E2.1.32 defines service aggravation as “the permanent worsening of a pre-Service medical condition over and above the natural progression of the condition caused by trauma or the nature of Military Service.”
The MEB provider determines whether any condition that worsened while on Active Duty is due to natural progression; permanent service aggravation; temporary service aggravation; or, some combination of the three. The MEB provider must include their reasoning.

c. Treatment Summary

In this section, the MEB provider summarizes treatment history including approximate dates and time frames. The MEB provider briefly describes the impact of treatment with reference to Soldier’s current status. Include:
(1) Specific treatments with response;
(2) Specialty evaluations
(3) Disease residuals and limitations despite treatment.

Example:
Despite [specify treatment(s)], the Soldier has [list symptoms; manifestations; impact on duty performance; etc.]

d. Noncompliance, when applicable

IAW AR 600-20 (Army Command Policy), 5-4 (Command Aspects of Medical Care), the MEB provider writes a statement to confirm that the Soldier complied with recommended treatments.

When the MEB provider has a concern as to whether the Soldier has been compliant with treatment, the MEB provider reviews AR 600-20, Ch. 5-4. e. The MEB provider determines whether to initiate a medical board with reference to AR 600-20, Ch. 5-4. This specifies that treatment noncompliance can be a basis for disciplinary action. Unless the preponderance of evidence supports the finding of noncompliance, the MEB provider should not deem the Soldier “noncompliant.”

The information provided in this section may be used for subsequent disciplinary actions if the MEB determines the Soldier refused prescribed medical care without just cause. The MEB provider must coordinate with MTF leaders and the PEBLO to present the MEB findings to the Soldier and offer the opportunity to accept the prescribed medical care. For further information, see AR 600-20, 5-4f.

e. Prognosis Statement

The MEB provider examines the reasons the Soldier’s condition currently does not meet retention standards. With reference to those specific reasons, the MEB provider indicates whether the condition is likely to improve over the next five years such that the condition will meet retention standards.

The MEB provider considers whether the Soldier’s condition is likely to significantly worsen over the next five years. For example, the MEB provider considers whether it is likely that within three years the condition will worsen to the extent that the Soldier is unlikely to be able to maintain steady employment.

The MEB provider discusses the logic and evidence supporting this conclusion. The MEB provider may indicate that the severity and manifestations are likely to remain unchanged.
When MEB provider concludes the prognosis is uncertain because of specific considerations such as the unknown or unpredictable treatment outcomes, the MEB provider explains why the Soldier’s prognosis is uncertain.

**f. Impact on Duty Performance**

As profile limitations are addressed above in section 6, this section includes additional relevant discussion on how a condition impacts duty performance. The MEB provider may reference the DA Form 7652, Commander’s Performance and Functional Statement. Where the medical retention standard cited in 7g is based on impacts to duty performance, the MEB provider will use this section to explain the impact on duty performance. Examples of retention standards that reference duty performance include: AR 40-501, 3-30. j. (additional) neurologic conditions that “significantly interfere with performance of duty”; AR 40-501, Ch. 3-32, mood disorders, b. necessitating limitations of duty or duty in a protected environment; and, AR 40-501, Ch. 3-41 e. (1) when the condition interferes with duty performance as substantiated by the Soldier’s commander or supervisor.

Although a DA Form 7652 Commander’s Performance and Functional Statement is required as one of the IDES process documents, completion of the NARSUM and DA 3947 does not require substantiation of duty limitations by the Soldier’s Commander or supervisor for medical conditions listed in AR 40-501, paragraphs 3-5 to 3-41(a-d) and 3-42 to 3-46. MEB providers are authorized to make retention determinations for all of the conditions in these paragraphs without input from the Soldier’s chain of command.

Commander or supervisor duty limitation substantiation is required for miscellaneous conditions or defects listed in AR 40-501, chapter 3-41(e).

Additional information generated by primary and/or specialty consults (including those previously attached as Addendums) will be incorporated into the Integrated NARSUM, with focus on retention standard determinations.

When not meeting retention standards is based on AR 40-501, Ch. 3-41 e (1) and/or (2), the MEB provider discusses why continuing in the military would compromise the Soldier’s health or well-being or the health or well-being of other Soldiers. When not meeting retention standards is based on AR 40-501, Ch. 3-41 e (3), the MEB provider discusses why retaining the Soldier would prejudice the best interests of the Government.

**g. Selection of Applicable AR 40-501, Chapter 3 provision with discussion**

The MEB provider must indicate what retention standard the Soldier fails to meet according to the applicable AR 40-501, Ch. 3 provision. The MEB Provider utilizes this retention standard while preparing sections 7 a – f.

In this section, the MEB provider includes enough information for other MEB physician reviewers and signature authorities to understand why the Soldier does not meet the specific medical retention standard. For a diagnosis that the MEB provider indicates does not meet retention standards “in combination” another condition, the MEB provider identifies the other condition(s); and, discusses the relationship between the conditions, duty impact, profile restrictions, etc.
Where the retention standard requires “adequate treatment” the MEB provider only refers to section 7c because they have discussed treatment specifics in 7c. Where the retention standard requires “interference with duty”, the MEB provider only references sections 6 and 7f because the MEB provider has discussed the profile in section 6; and duty interference in 7f.

8. Mental Competency Statement, when applicable

The mental competency statement indicates whether the Soldier is: mentally competent for pay purposes, capable of understanding the nature of, and cooperating in, PEB proceedings, and/or, dangerous to themselves or others.

In this section, the MEB provider includes a mental competency statement when the Soldier has a behavioral health diagnosis regardless of whether the diagnosis is determined to meet retention standards.

The MEB provider may use the VA C&P examination mental competency assessment providing the VA C&P exam addresses: whether the Soldier is mentally competent for pay purposes; capable of understanding the nature of, and cooperating in, PEB proceedings, and whether the Soldier is dangerous to themselves or others.

9. Diagnosis(es) Meeting Medical Retention Standards

In this section, the MEB provider explains why each diagnosis listed in this section meets retention standards. Generally the MEB provider does this with reference to AR 40-501, Ch 3-1 considerations, i.e., by explaining why the condition, individually or in combination, does not significantly interfere with duty; does not compromise or aggravate the Soldier’s health or well being; does not compromise the health or well-being of other Soldiers; and does not prejudice the Government’s best interests.

10. Quality Assurance Check.

   a. Apparent Inconsistencies

   If a diagnosis listed by the VA C&P examiner has insufficient evidence to support that diagnosis or is clearly erroneous, then it should be listed in this section. It must still be listed as a diagnosis in Section 4 with the statement “no medical basis.” Every attempt should be made to clarify this with the VA C&P examiner, but if no resolution can be reached, then list the diagnosis in this section. The MEB Provider will not write any Diagnostic Variance Memorandums.

   b. Timeliness of MEB Information

   In this section, the MEB provider will annotate the timeliness of the information utilized in the preparation of the NARSUM. The C&P examination must have been completed within the past 12 months. The treatment records utilized for retention decisions must be current within the past six months. However, when documentation is older than six months, the MEB provider may obtain information to ensure that the Soldier’s status remains the same. The MEB provider may seek information from the treating providers, chain of command and/or the Soldier to ensure the status remains unchanged. The MEB provider documents
their discussions and includes the results of any additional treatment or consultation and amends the NARSUM, as necessary.