

## RECOMMENDED FINDINGS OF PHYSICAL REVIEW COUNCIL

NAME OF EVALUEE	SERVICE NO.	GRADE/RANK	TOTAL YEARS ACTIVE SERVICE		
			20 OR MORE	8 OR MORE	LESS THAN 8

### FINDINGS

**1. EXTENT OF DISABILITY** *(Based upon the evaluatee's over-all condition)*

FIT	UNFIT	DESCRIPTION <i>(Check and complete)</i>
		A. TO PERFORM THE DUTIES OF GRADE OR RATING

**2. LISTING OF DISABILITIES** (In column B answer "No" or Enter "N" for neglect, "M" for misconduct or "A" for unauthorized absence. In Column C answer either "Yes" or "No". In Column D (1) answer "Yes" or "No", as applicable; if answer is negative, attach Explanatory Statement indicating basis for such answer, (2) make no entry if evaluatee (regular or reserve on extended active duty) has eight or more years of active service. In columns E and F answer "Yes" or "N/A" (not applicable) as appropriate; do not answer "Yes" in both columns. In column G enter percentage of disability. In column H enter rating code.

DIAGNOSIS OF EVALUEE  <i>(List each diagnosis of the evaluatee, numbering as (1), (2), etc. Briefly describe disability in the phraseology of the Veterans Administration Schedule for Rating Disabilities, indicating the degree of severity.)</i>	WILLFUL NEGLECT, INTENTIONAL MISCONDUCT OR UNAUTHORIZED ABSENCE	INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY	PROXIMATE RESULT OF PERFORMANCE OF ACTIVE DUTY OR ACTIVE OR IN-ACTIVE DUTY TRAINING OR INCURRED IN LINE OF DUTY DURING WAR OR NATIONAL EMERGENCY	IS PERMANENT	MAY BE PERMANENT	PERCENTAGE	VETERANS ADMINISTRATION DIAGNOSTIC CODE NUMBER
A	B	C	D	E	F	G	H