
(Medical Facility)

EVALUEE'S STATEMENT REGARDING THE FINDING OF THE MEDICAL BOARD REPORT

I, _____, am hereby informed that the medical board of
_____ convened in my case made the following findings:
(Date)

DIAGNOSES:

- (1) (3)
(2) (4)

RECOMMENDATIONS:

- Satisfies Medical Retention Standards
 Does Not Satisfy Medical Retention Standards, Refer to Commander, Personnel Command (CGPC-adm)
 Unsuitable for Duty for reasons other than physical disability
 Fit for Limited Duty for a period of _____ with the following
limitations: _____

I believe that all my impairments have been evaluated adequately by the Medical Board Report.

I understand that the Medical Board's Report with my rebuttal, if any, will become part of my official record.

I further understand that the Medical Board Report's opinions and recommendations are not binding on the Coast Guard and that my case will be subjected to review and final disposition by higher authority.

EVALUEE MUST EXECUTE STATEMENT 1 OR 2 AND 3

- _____ 1. I do not desire to submit a statement in rebuttal to the above findings and recommendations.
_____ 2. I desire to submit a rebuttal to the above findings and recommendations which will become part
of my official record.
_____ 3. I hereby consent to release my Physical Disability Evaluation System file and related medical and
other records that may be protected by the Privacy Act or the Healthcare Information Portability and
Accountability Act to Coast Guard Legal & Defense Services (Commandant, CG-094M). Examples
of protected information include, but are not limited to, medical records from military or civilian health-
care providers, and administrative information from the Coast Guard or other sources. This consent
also includes release of related information that may be developed in the future. Unless sooner revoked,
this consent expires the day after the Final Approving Authority acts to close my case. I desire
advice and counsel as soon as reasonably possible after Medical Evaluation Board findings are issued.

(Signature of Evaluatee)

(Date)

(Signature of Witness)

(Date)