**IDES/MEB Integrated Narrative Summary Guide Book**

**Introduction**

*Preparing a complete and accurate medical evaluation board requires the IDES/MEB team, including the MEB examiners, the PEBLOS and MTF support staff understand the specific rules and policies that govern the IDES/MEB Integrated Narrative Summary (NARSUM) production process. The minimum necessary requirements for NARSUM production are outlined below. To ensure consistency and synchronization of effort, each team member’s core roles and responsibilities are described and the team must adhere to overall timeliness and quality standards.*

*This Guide Book is associated with the mandatory Advanced MEB Adjudicator’s Course NARSUM Training required for all MEB staff members who prepare NARSUMs.*

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

**Building and Reviewing the Case File**

The MEB examiner reviews the following documents that the PEBLO includes within the MEB case file: (a) the most recent DA Form 3349, Physical Profile; (b) DA Form 7652, Commander's Performance and Functional Statement; (c) The Surgeon General (TSG) findings when a clinical examiner referred a Soldier to TSG for noncompliance or other reason (d) VA Claim Form 21-0819, Section I, Medical Conditions to be Considered as the Basis of Fitness for Duty Determination; and Section II, Block 8, Additional Conditions; and (e) VA worksheet examinations and/or Disability Benefits Questionnaires (DBQ).

The MEB examiner also reviews (f) relevant portions of the Soldier’s medical records, including the Soldier’s AHLTA records. Depending on the unique aspects of the Soldier’s medical conditions and presentation, the MEB examiner reviews: (g) prior DA Form 3349, physical profiles; (h) theater evacuation documents; (i) initial entrance physical; (j) operation reports; (k) Pre/Post-Deployment Health Assessments; (l) pertinent hardcopy clinical records; and (m) other information of record or presented by the Soldier.

**NARSUM Preparation Process**

1. **Soldier Identification.**

In this section, the MEB examiner 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.

1. **Sources and References.**

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

The MEB examiner references: (a) (current) DA Form 3349, Physical Profile; (b) DA Form 7652, Commander's Performance and Functional Statement; (c) The Surgeon General (TSG) findings when a clinical examiner referred a Soldier to TSG for noncompliance or other reason (d) VA Claim Form 21-0819, Section I, Medical Conditions to be Considered as the Basis of Fitness for Duty Determination; and, Section II, Block 8, Additional Conditions; and (e) VA worksheet examinations and/or Disability Benefits Questionnaires (DBQ).

When used to support a particular finding, the MEB examiner references additional documents such as: (f) relevant portions of the Soldier’s medical records, including the Soldier’s AHLTA records; (g) prior DA Form 3349, physical profiles; (h) relevant AHLTA notes; (i) theater evacuation documents; (j) initial entrance physical; (k) operation reports; (l) Pre/Post-Deployment Health Assessments; (m) pertinent hardcopy clinical records; and (m) other information of record or presented by the Soldier. Through coordination with the PEBLO, the MEB examiner verifies these referenced documents are included within the MEB case file.

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

Where treatment notes are largely the same from visit to visit, do not reference all treatment notes. Indicate time frame of treatment and include notes that summarize prior treatments and a few notes that are typical for the Soldier’s condition; treatment; and progress.

1. **Baseline Documentation.**

Within the MEB case file, the PEBLO will include documents providing the Soldier’s entry date; estimated termination of service date; and line of duty information, when necessary. The PEBLO is responsible for assuring the Soldier is eligible for an MEB, for example, that the Soldier does not have ongoing or pending administrative actions.

**a.** Date of Entry into Service

**b.** Estimated Termination of Service Date

**c.** Administrative actions ongoing, pending, or completed(e.g., courts-martial, selective early retirement, bars, retirement or separation dates)

**d.** Line of Duty information, when necessary

1. **DA Form 3947, Medical Evaluation Board Proceedings, Blocks 13a-e (pending final signature).**

In this section, the MEB examiner lists *each* of the Soldier’s diagnoses. These are the diagnoses that the MEB examiner (or PEBLO) lists on the DA Form 3947, Block 13a. The MEB examiner also includes that information that is to be entered into Blocks b – e.

Preparing this section serves as a “check” to verify the DA 3947, Medical Evaluation Board Proceedings, is complete and accurate. This section is a communication vehicle between the MEB examiner and, in facilities where the PEBLO prepares the DA 3947, others who prepare the DA Form 3947.

The MEB examiner will also include additional information that, by regulation, must appear on the DA Form 3947. This includes: citation to the applicable medical retention standard (for conditions that do not meet retention standards); approximate date of origin; MEB conclusions regarding whether the condition existed prior to military service (EPTS); and, for such EPTS conditions, whether the MEB has determined the condition to have been permanently service aggravated. See section 7 b., onset.

Medical retention standards do not apply to DoDI 1332.38, Enc. 5. Conditions and circumstances not constituting a disability.

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

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

Two Sample formats that capture an adequate basis for MRDP include:

1. 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].
2. The Soldier, due to [specify diagnosis], will not be capable of returning to duty within one year.

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

1. **DA 3349, Physical Profile: Review (update) and Discussion.**
2. **DA 3349 Review (Update)**

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

When the MEB examiner is not a profiling official, and/or when the MEB examiner does not understand (i.e., agree with) the profile, the MEB examiner will confer with the profiling official. Through such discussion, the MEB examiner will be able to explain the profile; or, perhaps, may lead to the profiling official revising the profile.

In consideration of each the Soldier’s diagnoses, including those first described in the VA examinations, the MEB examiner verifies Block 1 lists all medical conditions, individually or in combination, that prevent the Soldier from performing any of the 5 a –f functional activities.

The MEB examiner verifies Block 5 j is checked when one or more of the Soldier’s diagnoses, individually or in combination, prevents them from deploying to an area regularly experiencing significant environmental hazards with limited access to a reliable source of electricity or where force protection levels mandate prolonged use of body armor and/or chemical protection equipment because such condition(s) would worsen the Soldier’s condition. Ref: AR 40-501, Ch. 8-20. b. (4) (d) 1 – 3. See also AR 40-501, Ch. 5-14 for additional important information regarding medical fitness standards for deployment and certain geographical areas.

For each diagnosis that prevents the Soldier from performing one or more functional activities, the MEB examiner verifies that the PULHES numerical designator is, at a minimum, “3”. (Each such diagnosis is indicated as not meeting retention standards. See AR 40-501, Ch. 3-41 e (1).)

After such review, due to the passage of time; or, more thorough subsequent evaluations, the MEB examiner may need to prepare a new DA 3349, Physical profile.

1. **DA 3349, Physical Profile, Discussion**

In this section, the MEB examiner discusses the relationship between the Soldier’s medical diagnoses and the “lay terminology" used by the profiling official.

When the Soldier has multiple conditions listed in Block 1, and where the profiling official indicates these conditions prevent the Soldier from performing more than one functional activity, the MEB examiner discusses which diagnoses prevent the Soldier from performing which functional activities.

Where the reason for a diagnosis preventing a Soldier from performing one or more functional activities may be unclear to subsequent reviewers, the MEB examiner explains why the diagnosis prevents the Soldier from performing one or more functional activity (ies).

It is acceptable for the MEB examiner to discuss why other diagnoses identified during the MEB process are not listed on the profile, not associated with a “3”, and/or not identified as a diagnosis preventing the Soldier from performing one or more functional activities. This discussion helps explain why the MEB found these diagnoses met medical retention standards.

**7. Diagnosis/es not Meeting Medical Retention Standards.**

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

To avoid redundancy, it is acceptable for the MEB examiner to indicate one subsection, i.e., 7 a – g; applies to multiple specified diagnoses. For example, where the Soldier has multiple diagnoses stemming from one injury, the MEB examiner should only include “one” b (onset); and refer back to this when describing subsequent diagnoses stemming from this injury.

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| AR 40-501, Ch. 3-1, indicates that retention standards intend to describe 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.  AR 40-501, 3-41 (e) provides that *any* condition will fall below medical 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 Block 5 DA For 3349 functional activities; (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.  Note: The MEB examiner considers whether AR 40-501, 3-41 e (1) may apply even when the Soldier has not received adequate (or any) treatment for the condition. When the MEB examiner believes that with treatment, the condition will meet retention standards, but as it is currently manifesting, does not, the MEB examiner indicates this as a condition that does not meet retention standards. In section 7 e., prognosis statement, the MEB examiner includes the reason(s) why they believe the condition will meet retention standards with further treatment. |

With reference to the documents referenced in Section 2, in sections a – g, the MEB examiner specifies and summarizes the important relevant information they relied upon in their analyses to support their conclusions.

1. **Medical Basis for Diagnosis**

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

1. **Onset**

In this section, the MEB examiner 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 examiner discusses how the injury occurred. The MEB examiner specifically references supporting medical documentation. Where no documentation exists, the MEB examiner will so indicate.

Date of onset vs. date of diagnosis: The date of onset may not correspond to the date of diagnosis when the presence of the diagnosis can go undetected. 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 examiner considers whether the condition existed prior to military service. The MEB examiner reviews the initial entrance exam; previous VA records; and considers general medical principles.

When the MEB examiner concludes the condition existed prior to the military, they 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.”

With reference to these two definitions, the MEB examiner discusses whether the Soldier’s condition worsened while on active duties and describes any worsening.

The MEB examiner determines whether any worsening is due to natural progression; permanent service aggravation; temporary service aggravation; or, some combination of the three. The MEB examiner includes their reasons for their determining the cause of this worsening.

1. **Treatment Summary**

In this section, the MEB examiner includes relevant discussion where the medical retention standard is based on such things as: the Soldier having had specific treatment; having seen a particular type of physician; or, the Soldier having residuals of a certain severity despite treatment.

Using approximate dates; and time frames, the MEB examiner summarizes treatments and discusses any treatment complications. The MEB examiner brief describes the impact of this treatment with reference to Soldier’s current status. (E.g., “despite [specify treatment(s)] Soldier has [list symptoms; manifestations; impact on duty performance; etc.])

1. **Noncompliance, *when applicable***

AR 600-20, Ch. 5-4. Command aspects of medical care, e. Medical board proceedings when medical care is refused, outlines the process to address when a Soldier has refused care.

When the MEB examiner has a concern as to whether the Soldier has been noncompliant with treatment, the MEB examiner reviews AR 600-20, Ch. 5-4. e. The MEB examiner determines whether to initiate a medical board with reference to AR 600-20, Ch. 5-4. Otherwise, the MEB examiner should not deem the Soldier “noncompliant.”

If the Soldier has a medical board because medical care is refused, the Soldier must be given the results of the board proceedings and offered the opportunity to accept the prescribed medical care. For additional discussion, see AR 600-20, Ch. 5-4 f.

1. **Prognosis Statement**

In this section, the MEB examiner assesses the Soldier’s prognosis.

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

The MEB examiner considers whether the Soldier’s condition is likely to significantly worsen over the next five years. For example, the MEB examiner considers whether it is likely that within three years the condition will worsen to the extent that the Soldier is unlikely to remain employed.

The MEB examiner includes the reason for this conclusion. The MEB examiner discusses the evidence supporting this conclusion.

The MEB examiner may indicate that the severity and manifestations are likely to remain unchanged.

When MEB examiner concludes the prognosis is uncertain because of specific considerations such as the uncertain impact of treatment, the MEB examiner explains why the Soldier’s prognosis is uncertain.

1. **Impact on Duty Performance**

Noting that the MEB examiner has addressed profile limitation in section 6, in section 7f the MEB examiner includes additional relevant discussion on how this condition impacts duty performance. The MEB examiner may reference the DA Form 7652, Commander's Performance and Functional Statement when specifically useful for the condition. Where the medical retention standard cited in 7g is based on impact on duty performance, the MEB examiner 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 Commander’s statement form (DA 7652) 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 examiners 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 determination and the requirements set forth in the IDES NARSUM.

When not meeting retention standards is based on AR 40-501, Ch. 3-41 e (1) and/or (2), the MEB examiner 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 examiner discusses why retaining the Soldier would prejudice the best interests of the Government.

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

The MEB examiner has considered the applicable AR 40-501, Ch. 3 provision while preparing sections 7 a – f.

In this section, the MEB examiner includes enough information for other board members to understand why Soldier does not meet the specific medical retention standard. For a diagnosis that the MEB examiner indicates does not meet retention standards because of “in combination” or “combined effect”, the MEB examiner identifies the other condition(s); and, discusses the interrelationship between the conditions and duty impact; profile restrictions; etc.

Where the retention standard requires “adequate treatment” the MEB examiner only refers to section 7c because they have discussed treatment specifics in 7c. Where the retention standard requires “interference with duty”, the MEB examiner only references sections 6 and 7f because the MEB examiner 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: (a) mentally competent for pay purposes; (b) capable of understanding the nature of, and cooperating in, PEB proceedings, and/or; (c) dangerous to themselves or others.

In this section, the MEB examiner includes a mental competency statement when the Soldier has a behavioral health diagnosis – whether or not it meets or does not meet medical retention standards.

If providing such a statement is within the scope of practice of the MEB examiner, they may provide the statement. The MEB examiner may also “read into the report” and reference a mental competency statement prepared by an alternate examiner.

**9. Diagnosis(es) Meeting Medical Retention Standards.**

In this section, the MEB examiner explains why each diagnosis listed in this section meets retention standards. Generally the MEB examiner 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.**

1. **Apparent Inconsistencies**

In this section, the MEB examiner identifies and resolves apparent inconsistencies.

In the rare case when the military medical record and the C&P examination do not provide adequate information to support determination of duty impact from diagnosis, the MEB examiner may seek out additional information from treating providers, commanders and/or the Soldier though phone, email, or, when absolutely necessary, additional face-to-face meeting.

Where the MEB examiner finds evidence (to include consideration of the VA C&P examination results) sufficient to make the required MEB IDES NARSUM findings, the MEB examiner does not need to schedule an appointment with a Soldier to conduct an examination or re-evaluation.

Where the issue involves diagnoses where making (or not making) such a diagnosis is outside of the scope of the designated MEB examiner, the MEB examiner may be unable to resolve the inconsistency. In this type of situation, the MEB examiner requests the assistance of their Deputy, Chief of Clinical Services (DCCS).

Inconsistencies may relate to diagnosis; onset; severity; and impact on duty. Sources of apparent inconsistency may arise from information within other MEB documents including the Commander's Statement and referenced AHLTA notes.

1. **Timeliness of MEB Information**

The IDES NARSUM must be timely and current with respect to: identifying each diagnosis; portraying associated profile and duty limitations; and, the reasons why the Soldier does or does not meet medical retention standards.

Provided no material change has taken place within this period, information is considered timely. When information is beyond six months, the MEB examiner may still review case to determine that the information remains current. When necessary, the MEB examiner may provide the Soldier an opportunity to discuss new or additional diagnoses, profiles, duty limitations, and/or reasons why the Soldier does or does not meet medical retention standards.

The MEB examiner may also obtain additional information from the treating providers, chain of command and/or the Soldier to ensure the MEB is timely. The MEB examiner documents their discussions and includes the results of any additional treatment or evaluation and amends the NARSUM, as necessary.