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Attachment (a) to Enclosure 11: Format for Non-Medical Assessments**FOR OFFICIAL USE ONLY
COMMAND LETTERHEAD**

Date:

From: Commanding Officer
To: Medical Treatment Facility

NON-MEDICAL ASSESSMENT (NMA) IN THE CASE OF
_____ (member's full name, rank/rate, SSN,
service/component-regular, reserve, AR, TAR)

1. Purpose: The NMA describes how well the member performs his/her military duties, e.g., MOS/rating duties, field duties or exercises, participation in the PRT/PFT, etc. The first half of this document, "Questionnaire", details basic data on the service member. The purpose of the second half, "Commanding Officer's Comments", is for the CO to comment on what the member can and cannot do. Be as specific as possible about what duties and responsibilities the member can and cannot perform. Explain how the member's medical condition has affected the member's ability to perform the duties of his/her rate or MOS, and the reality of the service member's contribution to the unit. The CO's insights are crucial in assisting the PEB in making a determination of Fit or Unfit. Prior to writing the NMA, the CO should first review the member's Medical Board (MEB) or medical record to gain a better understanding of the member's medical condition.

2. Questionnaire. The following assessment is submitted to assist the PEB in their determination of Fitness/Unfitness of SNM:

- a. Service member's rating/NEC/MOS/Primary Specialty: _____
(Examples: 0311/Rifleman; AO3/Aviation Ordnancemen; 1100/Surface Warfare Officer, etc.).
- b. Member's current position: _____
- c. Is the member currently working out of his/her specialty because of the medical condition? (Yes/No)
- d. Date member last passed the PRT/PFT: _____ (MM/YY)
- e. Can member presently take the PRT/PFT? (Yes/No/Partial)
- f. Member's height and weight: _____ (inches/lbs.)

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g. Is the member within weight and body fat standards? (Yes/No). If not, is the member on weight control (Yes / No / N/A).

h. To your knowledge, is the member fully complying with the prescribed appointments and treatment for the therapy? (Yes/No). Has the member complied in the past? (Yes/No)

i. What is the average number of work hours per week that the member's condition has required the member to be away from current duties for treatment, evaluation, and/or recuperation? _____

j. Is member pending disciplinary action or involuntary administrative separation for misconduct? (Yes/No) If so, for what?

k. What is the member's current length of service and date of entry into service?

LOS: _____ (years/months) ADSD/ADBBD: _____ (mo/yr)

l. Considering the member's current physical condition, is he/she worldwide assignable? (Yes/No)

m. Does the member have good potential for continued service in his/her present physical and mental condition? (Yes/No)

n. Does the member desire to continue his/her military service? (Yes/No)

o. For active duty members: Based on member's performance of duties, would you recommend that Naval Personnel Command / Headquarters Marine Corps authorize the member's retention on active duty in a Permanent Limited Duty status, if found Unfit? (Yes/No)

Commanding Officer's Comments: (use additional pages as necessary)

POC at this command is _____ (name/rank/position) at (Comm) _____/(DSN) _____ or (email) _____.

Commanding Officer Signature
(per Para 11001)