



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

6000

Ser M00/11UM00WII110
9 Feb 11

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

Subj: IMPLEMENTING REQUIRED MEDICAL EXAM BEFORE ADMINISTRATIVE
SEPARATION FOR POST TRAUMATIC STRESS DISORDER (PTSD) OR
TRAUMATIC BRAIN INJURY (TBI)

Ref: (a) BUMED memo 6000 Ser M00WII/E10UGEN014690c of 10 Dec 2010 (NAVMED
Policy 10-016)
(b) DoD Instruction 1332.14, 28 August 2008
(c) NAVMED P-117, CHAPTER 15, Article 1520
(d) CMC WASHINGTON DC 0910307 JUN 10 (MARADMIN 328-10)
(e) MILPERSMAN 1910-702

1. Reference (a) is hereby cancelled.
2. Navy Medicine is fully committed to the comprehensive care and treatment of our wounded, ill and injured warriors who are expected to maintain the same high standards of good order and discipline that the nation expects of all Service Members, regardless of their medical status. All Navy and Marine Corps leaders play crucial roles that balance the welfare of the individual Service Member with good order and discipline and mission accomplishment.
3. As part of the administrative separation process under the provisions of reference (b), a medical evaluation of a Service Member must be performed per reference (c). These medical evaluations shall be completed by medical providers authorized to perform separation evaluations and shall be sufficient in scope and timing to meet separation medical requirements.
4. Per reference (c), the medical evaluation is to assess whether the effects of Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) constitute matters in extenuation that relate to the basis for administrative separation if the member:
 - a. Is being recommended for involuntary administrative separation; and
 - b. Was deployed overseas to a contingency operation during the previous 24 months (Note: Marine Corps guidance per reference (d) does not state a time limit); and
 - c. Is diagnosed by a Physician, Clinical Psychologist, or Psychiatrist as experiencing PTSD or TBI, or reasonably alleges the influence of PTSD or TBI based on deployed service to a contingency operation during the previous 24 months; and

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- d. Is not being separated under courts-martial or other proceedings.
5. Medical providers performing separation evaluations shall ensure Service Members meeting the criteria outlined above will be further evaluated by appropriately privileged healthcare professionals. In a case involving PTSD, the evaluation shall be performed by a Clinical Psychologist or Psychiatrist. In a case involving TBI, the evaluation may be performed by a Physician, Clinical Psychologist, Psychiatrist, or other healthcare professional, as appropriate. Evaluations must specifically include comments on the presence or absence of PTSD and/or TBI, and if present, the extent to which the diagnoses affected the Service Member's judgment and behavior and may have been a contributing factor in the basis for separation.
6. Completed evaluations for PTSD and/or TBI shall be forwarded to the referring provider responsible for completion of the separation evaluation. The provider conducting the separation evaluation will then forward required medical information to the responsible Separation Authority per references (d) or (e). Navy Medicine fully supports the scope and procedures outlined in reference (d).
7. A Service Member receiving a medical evaluation shall not be separated until the result of the medical evaluation has been reviewed by appropriate authorities responsible for evaluating, reviewing, and approving the separation case, as determined by the Secretary of the Navy.
8. My point of contact for questions regarding the enclosed is CDR Rosemary Malone, MC, USN, who may be reached at (202) 762-3010 or Rosemary.Malone@med.navy.mil.


A. M. ROBINSON, JR.