

MEDICAL BOARD REPORT <i>(This form is subject to the Privacy Act of 1974)</i>				1. INSTALLATION AT WHICH CONVENED		2. DATE CONVENED							
3. NAME (Last, First, Middle Initial)				4. GRADE		5. SSN		6. COMPONENT					
7. DEPT OR SERVICE			8. ORGANIZATION			9. SEX		10. DATE OF BIRTH		11. AGE			
12. SEPARATION/RETIREMENT DATE		13. ASSIGNED TO AMTU <input type="checkbox"/> YES <input type="checkbox"/> NO		14. BASE TRANSFERRED FROM		15. Is this a MTF-Assigned Commander, Officer or; Enlisted Member (with disciplinary issues or conflict of interest) <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes, member must be boarded at another MTF unless waiver is approved per DAFMAN 48-108)</small>							
16. MILITARY OCCUPATIONAL SPECIALTY			17. TOTAL YEARS MILITARY SERVICE		18. IDES <input type="checkbox"/> LDES <input type="checkbox"/> <small>If LDES, attach approval memo per DoDI 1332.18</small>		19. For Providers, DD Form 2499 or Credentialing Statement Attached <input type="checkbox"/>						
DUTY TITLE			PRIMARY AFSC		ACTIVE		INACTIVE		20. CURRENTLY ON FLYING STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
21. DATE RELIEVED FROM FLYING STATUS													
22. BY DIRECTION OF THE APPOINTING AUTHORITY, THE BOARD CONVENED TO CONSIDER THE CASE OF THE ABOVE NAMED MEMBER.													
A. UNDER PROVISIONS OF THE FOLLOWING DIRECTIVES:						B. FOR THE PURPOSE OF:							
<input type="checkbox"/> DAFMAN 48-108 AND 48-123			<input type="checkbox"/> INCOMPETENT FOR PAY AND RECORDS			<input type="checkbox"/> CONTINUED ACTIVE DUTY		<input type="checkbox"/> EPTS DEFECTS					
<input type="checkbox"/> MANUAL FOR COURTS-MARTIAL			<input type="checkbox"/> OTHER (Specify)			<input type="checkbox"/> SEPARATION/RETIREMENT		<input type="checkbox"/> OTHER (Specify)					
23. DIAGNOSIS AND FINDINGS													
AFTER CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION, THE BOARD ESTABLISHES THE FOLLOWING DIAGNOSIS: <i>(List all diagnoses, in accordance with applicable directives (Listed in DAFMAN 48-123), which contribute or may contribute to make the qualifications of the individual for worldwide duty questionable. Include any competency determinations. (AFMAN 65-116V1 Chapter 50, DoDFMR 7000.14-R Chapter 3).</i>						APPROXIMATE DATE OF ORIGIN		INCURRED WHILE ENTITLED TO BASIC PAY		EXISTED PRIOR TO SERVICE		PERMANENTLY AGGRAVATED BY SERVICE	
								YES	NO	YES	NO	YES	NO
A						B		C	D	E	F	G	H
I. ADMINISTRATIVE LOD <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A													
24. SANITY DETERMINATION <i>(To be completed for sanity board cases only.) (Manual for Courts-Martial)</i>											YES	NO	
A. AT THE TIME OF THE ALLEGED CRIMINAL CONDUCT, DID THE ACCUSED HAVE A SEVERE MENTAL DISEASE OR DEFECT? <small>(NOTE: THE TERM "SEVERE MENTAL DISEASE OR DEFECT" DOES NOT INCLUDE AN ABNORMALITY MANIFESTED ONLY BY REPEATED CRIMINAL OR OTHERWISE ANTISOCIAL CONDUCT, OR MINOR DISORDERS SUCH AS NONPSYCHOTIC BEHAVIOR DISORDERS AND PERSONALITY DEFECTS.)</small>											<input type="checkbox"/>	<input type="checkbox"/>	
B. WAS THE ACCUSED, AT THE TIME OF THE ALLEGED CRIMINAL CONDUCT AND AS A RESULT OF SUCH SEVERE MENTAL DISEASE OR DEFECT, UNABLE TO APPRECIATE THE NATURE AND QUALITY OR WRONGFULNESS OF HIS OR HER CONDUCT?											<input type="checkbox"/>	<input type="checkbox"/>	
25. ACTION RECOMMENDED BY BOARD <i>(or directed by higher authority)</i> <input type="checkbox"/> REFER TO IPEB <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> OTHER (Specify)													
26 BOARD MEMBERS.											C. TWO MEMBER BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO		
A. TYPED NAME, GRADE, ARM OF SERVICE						B. SIGNATURE <i>(Place check for psychiatrist or psychologist with Phd)</i>							
PRESIDENT											<input type="checkbox"/>		
MEMBER											<input type="checkbox"/>		
MEMBER											<input type="checkbox"/>		
27. SERVICE MEMBER: I HAVE BEEN INFORMED OF THE FINDINGS AND RECOMMENDATIONS OF THE MEDICAL BOARD													
A. DATE			B. SIGNATURE OF SERVICE MEMBER				C. WITNESS SIGNATURES <small>(Note 2)</small>						
28. QUALITY MEB REVIEW													
I certify the following MEB documents have been reviewed for accuracy and completeness per AFMAN 41-210 and all other applicable guidance.													
A. DATE OF REVIEW			B. TYPED NAME, GRADE, DUTY TITLE OF REVIEWER				C. SIGNATURE OF QUALITY REVIEWER						
¹ If "Yes" is checked in Field 26D (Board recommendation is not unanimous) provide substantiating rationale on reverse. ² If member refuses to sign add statement, "Member Refused to Sign" in field 27B, obtain two witness signatures required in field 27C and indicate reason for refusal on reverse.													

DAF Form 618 CONTINUATION SHEET