

DATE \_\_\_\_\_

**MEDICAL EVALUATION BOARD STATUS FORM**

CLINIC: \_\_\_\_\_

PATIENT: \_\_\_\_\_  
Rate/Rank                      First                      M                      Last

**TYPE OF MEDICAL EVALUATION BOARD:**

\_\_\_\_\_ Departmental Review for members of other services  
recommending \_\_\_\_\_

SPECIAL INSTRUCTIONS FROM PHYSICIAN FOR DISPOSITION OF PATIENTS  
\_\_\_\_\_

DIAGNOSIS (es): \_\_\_\_\_

LIMITATIONS FOR DUTY WHILE PENDING DISPOSITION: \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

PHYSICIAN NAME (Full Name/Rank): \_\_\_\_\_  
(Type/Print/Stamp)

DATE RECEIVED BY MEDICAL BOARDS: \_\_\_\_\_

MEDICAL BOARDS CLERK SIGNATURE: \_\_\_\_\_

**INSTRUCTIONS TO PATIENT:**

Take this form to the Medical Boards Office (Room 2219) and inform Medical Boards personnel that a Medical Board will be dictated for you. The Medical Boards Clerk will begin processing the paperwork necessary to complete your Medical Board.

This information is protected by the Health Insurance Portability and Accountability Act (PL 104-191)