

Acknowledgment of Medical Disqualification and Election Memorandum

Name _____ – DOB: _____

- 1. Acknowledge receipt of “Notification of Medical Disqualification”.
- 2. I understand that failure to respond by the suspense date **WILL** result in discharge based upon my service record on the Retirement Points Accounting Management (RPAM) statement.

Printed Name

Rank

Street Address, City, State, and Zip Code

Primary Contact Number

Email Address

- a. ___ I elect consideration by a Non-Duty Related Physical Evaluation Board (NDR-PEB), IAW DODI 1332.38, DODD 1332.18, and AR 635-40. I understand NDR-PEB review is limited to fitness determination only and cannot award disability compensation.

Signature

Date