CHAPTER 3 PHYSICAL EVALUATION CHECKLIST

All Chapter 3 Physical Evaluation requests are to be accompanied by this checklist and the appropriate documentation. Any requests that are submitted without all of the required documentation will be returned to the Unit without processing. No packet will be processed without ALL of the required documents.

REQUIRED DOCUMENTS

1		**Completed Chapter 3 Memorandum** (Ensure that the soldier's prior active-duty status is noted on the memo.)
2		**Completed Profile Worksheet** (All information on the worksheet is to be current and accurate.)
3		**Current RPAM Statement**
4		**Current PQR and ACFT (DA Form 705 Test)**
5		**Current Medical Records** (the documents should be within 120 days and should also include all pertinent medical records regarding the condition. They should include any and all restrictions, an official diagnosis, prognosis and a treatment plan.)
6		**Current Periodic Health Assessment (PHA)**
7		**Copy of Most Recent Profile** (Attach a copy of the Soldier's last profile)
8		**Signed Form DD 2870** (It is the Soldier's responsibility to collect and provide the medical readiness staff with his/her medical records. This form will be kept on file in case assistance is needed with gathering the records.)
9		**DA Form 7809 or Letter from Provider** (used to assess a Soldier's physical and functional capacity and limitations on both a temporary and permanent basis.)
10		**DA Form 7652 Physical Disability Evaluation System (PDES) Commanders Performance and Functional Statement** (To provide information to the PEB on the impact of a medical impairment on a Soldier's ability to perform duties and to provide administrative information that impacts disability adjudication and/or benefits if the Soldier is determined unfit)
	In the Line of Duty (The following should be included if the soldier has a Line of Duty)	
11		**DA Form 2173**
12		**LOD Approval Memorandum**
Comments:		

Soldier's Last Name: _____ First: _____ Middle Initial: _____

Last Four: _____ Rank/Grade: _____

Date: _____

Unit: _____

Unit Address: _____

Unit POC: _____ Contact Info: _____

Case Manager: _____ Contact Info: _____

MRNCO: _____ Contact Info: _____