



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
GEORGIA ARMY NATIONAL GUARD
JFHQ, G-1 MEDICAL ACTIONS BRANCH
1000 HALSEY AVENUE, BUILDING 408
MARIETTA, GA 30060-5099

S: Date

NGGA-PEM

Date

MEMORANDUM FOR Rank Last Name, First Name, Middle Initial

SUBJECT: Notification of Medical Disqualification

1. Reference: Army Regulation 40-501, Chapter 3, Medical Fitness Standards for Retention.

2. Under the provisions of AR 40-501, your current medical condition and/or physical defects have been determined to disqualify you from further military service. Listed below is your medical disqualification IAW AR 40-501:

- Medical Condition(s)

3. Any Soldier who has been found disqualified for military service will be permitted to attend IDT and perform duties within profile limits. AT, ADOS, OTOT, or any other training can be performed on a case-by-case basis until a final determination has been made.

4. You must choose one of the following options:

a. Accept the medical disqualification(s) and be medically discharged if you have less than 15 years of creditable service for retirement.

b. Accept the medical disqualification(s) and be medically retired, and transferred into the Retired Reserve, if you have 15 years or more of creditable service for retirement.

c. Request a Non-Duty Related Physical Evaluation Board (NDR-PEB), which will determine your fitness for continued military service. The NDR-PEB will be a non-appearance board held at Fort Sam Houston, TX. This board will review all pertinent medical information pertaining to your disqualifying condition(s) both from your military records and documents provided by your personal physician.

5. If you choose option "c" above, you must submit a completed packet prior to your suspense date **(Date)**. Submit your completed NDR-PEB documents through your unit to the Medical Programs Manager. Failure to comply will result in your discharge or retirement (if applicable) from the Georgia Army National Guard.

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6. This memorandum constitutes your notification of separation. Failure to respond by the suspense date will result in a transfer to Retired Reserves or discharge (whichever applies).

7. Point of contact for this action is the undersigned.

Encls:

1. Notification of Intent Memo
2. Physical Profile DA Form 3349
3. Retirement Points History Statement
4. DA Form 4856
5. NDR Checklist

Mr. Floyd Jenkins
Medical Programs Manager
G-1 Medical Actions Branch

I acknowledge receipt of this notification and suspense date of _____.

First Name, Middle Initial, Last Name
Rank, GAARNG