

Medical Actions Branch
(NGGA-PEM)

Chapter 3

Retention Evaluation

Joint Force Headquarters
Georgia Army National Guard
Marietta, GA
1 October 2025

SUMMARY of CHANGE

SOP

Chapter 3 Retention Evaluation

o. Adds IDRM reference and criteria. (para 2-1, g,4)

Proposed changes, modifications, and/or deletions should be made known GAARNG G-1, HR Plans using DA Form 2028. Your feedback to provide a quality product is always welcome.

Contents

Chapter 1 Overview

- 1-1 Purpose
- 1-2 Applicability

Chapter 2 Process Steps

- 2-1 Process Steps

Appendix A

References

Appendix B

Figures List (Not Used)

Appendix C

Glossary

Chapter 1

Overview

1-1 Purpose.

A Chapter 3 Retention Evaluation is necessary to evaluate whether a Soldier meets retention standards in accordance with (IAW) the Standards of Medical Fitness (AR 40-501) Chapter 3. This evaluation is performed by the Deputy State Surgeon-Clinical (DSS-C) and can be conducted either in person, telephonically, or by a review of medical documents provided by the Soldier.

1-2 Applicability.

a. IAW AR 40-501, para 1-4c, it is the responsibility of each Soldier to maintain his/her individual medical and dental readiness requirements, and report health issues that may affect their readiness to deploy or retention in the Georgia Army National Guard.

b. The Commander may, using the GAARNG Medical Actions Branch CH3 Retention Evaluation SOP, direct a Soldier to have a Chapter 3 Retention Evaluation if he/she believes the Soldier has a medical or behavioral health condition that affects his or her performance of military duties. A Soldier may also be identified during a Periodic Health Assessment (PHA) as having a medical injury, illness, or disease that may not meet retention standards or may have had temporary profiles (for the same medical/behavioral health condition) of 120 days or more in the past 12 months.

Chapter 2 Process Steps

2-1 Process Steps.

a. Chapter 3 Retention Evaluations for medical conditions are held by appointment with the DSS-C based upon availability. A Behavioral Health Officer (BHO) conducts Chapter 3 Retention Evaluations by appointment, during IDT or AT, based upon availability.

b. The Soldier will provide the battalion/unit readiness personnel with all pertinent medical documentation to include the most current documentation (no older than 120 days from submission) concerning the medical condition(s). The battalion/unit readiness personnel will forward the Chapter 3 Retention Evaluation packet to the Major Subordinate Command (MSC) Medical Readiness Non-Commissioned Officer (MRNCO) or Case Manager (CM) for review.

c. The MSC MRNCO or CM will review the packet and ensure current medical documentation is uploaded in the Soldier's electronic Health Readiness Record (HRR) and an electronic Case Management (eCase) is created in the Medical Electronic Data for Care History and Readiness Tracking (MEDCHART). If the Soldier needs assistance obtaining the required medical documents, the MSC MRNCO or CM can use the Authorization for Disclosure of Medical or Dental Information (DD Form 2870).

d. The MSC MRNCO or CM will submit the completed Chapter 3 Retention Evaluation Packet to the Chapter 3 Program Manager (CH3 PM) via ng.ga.gaarnng.list.ngga-fit-for-duty@army.mil. Subject Line: CH3 Medical or CH3 Behavioral Health, Rank, Last Name, Last Four SSN. If a Soldier requires an evaluation for both medical and behavioral health concerns, an eCase must be created for both conditions and a Chapter 3 packet submitted separately.

e. The CH3 PM will compile the CH3 packet, and the DSS-C will review the packet within 30 days. If the packet is complete, the PM will contact the Soldier to schedule an appointment. A confirmation email will be sent to the Soldier, Case Manager (CM) and MRNCO. However, the DSS-C has the discretion to complete a Chapter 3 retention evaluation in the absence of the Soldier.

1. If the packet is deemed incomplete (i.e., documents older than 120 days, insufficient documents, missing documents from checklist), the DSS-C will return the incomplete packet via email to the CM or MRNCO.

2. The unit must resubmit only the missing medical documentation once it is obtained.

f. If a Soldier is scheduled for an in-person appointment, they will arrive in Operational Camouflage Pattern (OCP) or Improved Physical Fitness Uniform (IPFU) IAW AR 670-1. Units are responsible for Soldier's pay, travel, and meals. Appointments completed telephonically do not require a military pay status to attend.

g. When the CH3 retention evaluation is conducted, the DSS-C will review all medical conditions listed on the memorandum. At that time, the DSS-C will determine if the Soldier meets retention standards.

1. Soldiers that meet retention standards, and do not have any limitations, he/she will be returned to duty without a profile. If a Soldier meets retention standards, but has limitation(s) because of their condition, the Soldier will be returned to duty with a permanent profile. If a Soldier receives a profile, he/she must continue to perform their assigned duties within the limits of their profile.

2. Soldiers that meet retention standards but do not meet the standards of their Military Occupational Specialty (MOS) will be referred to MOS Administrative Retention Review (MAR2).

3. Soldiers that are identified with a permanent condition(s) that does not meet retention standards, IAW AR 40-501, and have an approved line of duty determination (LOD) that is related to the disqualifying condition(s), will be referred to the Disability Evaluation System (DES) PM for counseling.

4. Soldiers whose conditions arose and were documented during periods of prior active duty (30 days or more) who are subsequently referred to the DES while serving in the Reserve Component (RC), will receive a

memorandum in lieu of a DA Form 2173 (Statement of Medical Examination and Duty Status). This memorandum is referred to as the Integrated Disability Evaluation System Referral Memorandum (IDRM). The IDRM will grant approval to initiate the DES process in lieu of a DA Form 2173 for the referred condition. Soldiers reporting prior active-duty conditions that are the basis for referral to the DES are responsible for providing the required documentation when requesting consideration for an LOD determination. The owning RC will review the following documents, at a minimum, in consideration of an LOD determination for referral to the DES:

- i. Medical and dental documentation from the prior period of service (military, civilian, or U.S. Department of Veterans Affairs) sufficient to substantiate the medical condition.
- ii. Documentation supporting a qualifying duty status at the time of the illness or injury, as applicable (for example, active-duty orders or DD Form 214)
- iii. DA Forms 3349 relevant to the referred condition.

5. Soldiers identified with a permanent condition(s) that do not meet retention standards, do not have an LOD for the disqualifying condition(s), and do not meet the criteria for IDRM, will be referred for a Medical Retention Determination Point (MRDP) counseling.

6. If a Soldier has an LOD that has been initiated, the packet will be held until the LOD is adjudicated. If an LOD has not been initiated, then the Soldier will be referred to MRDP.

h. The DSS-C will verbally counsel the Soldier and email the DA Form 4856 and profile upon completion of the evaluation, unless further follow-up is required. The outcome of the Chapter 3 Retention Evaluation will be updated in eCase and the MSC MRNCO and case manager will be notified via email of appointment results.

i. Soldiers who complete a Behavioral Health Evaluation (BHE) will receive a signed profile once the DSS-C and State Surgeon review the Report of Mental Status Evaluation (DA Form 3822) and the initiated profile. The Soldier and their MSC MRNCO will be notified via email of appointment results.

j. In coordination with the Human Resources Office (HRO) of the Georgia Army National Guard (GAARNG), Active Guard Reserve (AGR) and Long Term Active-Duty Operational Support (ADOS) Soldiers will be referred to a Military Treatment Facility (MTF) for a retention evaluation.

k. In accordance with the National Guard Regulation, Officers and Warrant Officers Selective Retention (NGR 635-102) para 3-2 b (3), Officers pending evaluation by a Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB) as prescribed in Army Regulation, Disability Evaluation for Retention, Retirement, or Separation (AR 635-40) will not be separated until the final determination by the DES. The separation date will be determined by the DES, or if retained by the DES and non-selected for retention by the SRB, the separation date will be NLT 30-days following final determination by the DES. All officers considered by the SRB are presumed to be fit as of the start date of the board, unless otherwise identified for a MEB/PEB upon notification for consideration. As such, the MEB/PEB must have been ordered prior to the convening date of the board.

Appendix A References

AR 40-501

Standards of Medical Fitness, dated 27 June 2019

AR 40-502

Medical Readiness, dated 27 June 2019

DA PAM 40-502

Medical Readiness Procedures, dated 18 December 2023

AR 40-400

Patient Administration, dated 8 July 2014

AR 635-40

Disability Evaluation for Retention, Retirement, or Separation, dated 19 January 2017

DA PAM 635-40

Procedures for Disability Evaluation for Retention, Retirement, or Separation, dated 12 January 2017

AR 600-8-4

Line of Duty Policy, Procedures, and Investigation, dated 12 November 2020

AR 670-1

Wear and Appearance of Army Uniform and Insignia, dated 26 January 2021

NGR 635-102

Officers and Warrant Officers Selective Retention, dated September 2018

Chapter 3 Retention Evaluation Checklist, OCT 2025

Fillable Chapter 3 Physical Profile Worksheet, OCT 2025

Template Chapter 3 Retention Evaluation Memo, OCT 2025

DD Form 2870

Authorization for Disclosure of Medical or Dental Information, dated NOV 2023

Appendix C

Glossary

ADOS

Active-Duty Operational Support

AGR

Active Guard Reserve

BHE

Behavioral Health Evaluation

CM

Case Manager

DSS-C

Deputy State Surgeon- Clinical

eCase

Electronic Case Management

HRO

Human Resources Office

HRR

Health Readiness Record

IDES

Integrated Disability Evaluation System

IDRM

Integrated Disability Referral Memorandum

LOD

Line of Duty

MAB

Medical Actions Branch

MAR2

MOS Administrative Retention Review

MEDCHART

Medical Electronic Data for Care History and Readiness Tracking

MOS

Military Occupational Specialty

MRDP

Medical Retention Determination Point

MRNCO

Medical Readiness NCO

MSC

Major Subordinate Command

Appendix C
Glossary

MTF

Military Treatment Facility

OCP

Operational Camouflage Pattern

PHA

Periodic Health Assessment

PM

Program Manager

RC

Reserve Component