



UNITED STATES MARINE CORPS
COMMAND ELEMENT
II MARINE EXPEDITIONARY FORCE
PSC BOX 20080
CAMP LEJEUNE, NC 28542-0080

II MEFO 1916.1A

HSS/083

JAN 12 2016

II MARINE EXPEDITIONARY FORCE ORDER 1916.1A

From: Commanding General, II Marine Expeditionary Force
To: Distribution List

Subj: REQUIREMENTS FOR MEDICAL EVALUATION OF MARINES AND
SAILORS BEFORE INVOLUNTARY ADMINISTRATIVE SEPARATION

Ref: (a) MARADMIN 328/10
(b) MCO P1900.16 CH 1, Marine Corps Separation Manual
(c) NAVMED P-117, Chapter 15
(d) MARADMIN 283/06
(e) Directive-type Memorandum (DTM) 14-006
(f) National Defense Authorization Act FY 10, Section 512
(g) DoDI 1332.14, Enlisted Administrative Separations

Encl: (1) Election with Regards to Recommendation for Further
Medical Evaluation
(2) Pre-printed SF-600, Chronological Record of Medical
Care
(3) Report of Medical Evaluation to Commanding Officer

1. Situation. Reference (a) states that prior to approving any involuntary administrative separation under the provisions of reference (b) for Marines and Sailors with more than 180 days of active duty, the separation authority must ensure that a Separation History and Physical Examination (SHPE) is performed by a physician, a nurse practitioner or a physician assistant per reference (c) and must review the results of that evaluation. Additionally, if the service member has qualifying combat duty and/or deployment during the last 24 months, DD Form 2900 Post Deployment Health Reassessment (PDHRA) must be completed per reference (d).

2. Cancellation. II MEFO 1916.1.

3. Mission. The intent of performing these medical evaluations is to ensure that separation authority has all pertinent medical information about the member being processed for involuntary administrative separation. Any medical condition that may have material impact on the member's behavior, especially anyone who

has signs and/or symptoms of Traumatic Brain Injury (TBI) and/or Post Traumatic Stress Disorder (PTSD) must be considered. Inherent is that authority's discretion to direct additional medical treatment and determine the date of separation or direct retention as appropriate.

4. Execution. For all personnel assigned to II Marine Expeditionary Force (II MEF), a SHPE will be completed prior to involuntary administrative separation. Additionally, the following are required:

a. Per reference (e), a completed DD Form 2807-1 Report of Medical History and a DD Form 2808 Report of Medical Examination are required and must be current within 30 days of date of separation, DD Form 2697 may be submitted in lieu of, if the most recent SHPE was between 31-180 days old.

b. Ensure that the corresponding Post Deployment Health Reassessment (PDHRA) is completed for all Marines and Sailors with qualifying combat service or deployment during the last 24 months.

c. Perform a comprehensive review of the member's medical records in order to determine whether the member has been diagnosed or is exhibiting possible signs and/or symptoms of PTSD and/or TBI. Although reference (b) directs that PTSD and/or TBI evaluations are only required as part of SHPE for administrative separation if the Marine or Sailor has been previously diagnosed with these conditions or if the Marine or Sailor reasonably alleges the influence of PTSD or TBI, for all II MEF Personnel being processed for administrative separation, enclosure (3) will be used to document the presence or absence of such diagnosis.

d. Ensure that members diagnosed and/or presenting with symptoms of PTSD and/or TBI are referred for further evaluation. Per reference (f) in cases involving PTSD, a clinical psychologist or psychiatrist shall perform this medical evaluation. In cases involving TBI, this medical evaluation may be performed by a physician, clinical psychologist, psychiatrist or other health care professional as appropriate. The medical professional who performed this evaluation must make a determination whether the medical condition affected the member's judgment and to what extent it may have been a contributing factor in the command's recommendation for his/her separation. In addition, the examining medical professional must explain the reasons that led to that conclusion. This information is critical for the separation authority who must

explain the reasons for separation and characterization of service in the event that PTSD or TBI were contributing factors. In certain circumstances, the separation authority may determine that the effects of PTSD or TBI were significantly mitigating enough to warrant separation under Chapter 8 of reference (b). Per reference (g), any individual who served in an imminent danger pay area and has PTSD must be referred to Physical Evaluation Board (PEB). If the member additionally has a personality disorder (or other mental health condition), they must also be referred to the PEB. However, the personality disorder will not take precedence toward an administrative separation if the other conditions are met or if separation is a result of court martial proceedings.

e. Commanders and unit medical providers will ensure that Marines and Sailors are advised of and afforded the opportunity to accept or refuse medical referrals regarding symptoms of PTSD and/or TBI. Medical providers must document the member's acceptance or refusal of the referral in the comments section of SF 600; members must complete enclosure (1), Election with Regards to Recommendation for Further Medical Evaluation.

f. Use a pre-printed SF 600 enclosure (2), or a blank SF 600, Chronological Record of Medical Care to document the following:

(1) If the member has served in combat or has deployed during the last 24 months.

(2) If the corresponding PDHRA has been verified.

(3) Annotate the date PDHRA was completed.

(4) If member currently has a diagnosis or signs and symptoms of PTSD and/or TBI.

(5) If after referral, member was diagnosed with PTSD and/or TBI.

(6) The examining medical professional's determination if PTSD and/or TBI contributed to member's actions that resulted in the recommendation for involuntary administrative separation. Provide comments explaining the reasons that led to this conclusion.

(7) The recommendation and determination if the member is physically qualified for separation. If member is not physically qualified for separation, provide a plan of action, e.g. refer to medical board or other/specify.

g. Use enclosure (3), Report of Medical Evaluation to the Commanding Officer to report the results of evaluation and subsequent recommendation regarding fitness to separate.

5. Administration and Logistics. Each II MEF unit is required to become familiar with the requirements of reference (a) and apply them by following the procedures set forth within this order.

6. Command and signal

a. Command. This Order applies to all II MEF Marines and Sailors being recommended for involuntary administrative separation.

b. Signal. This Order is effective on the day it is signed.


G. S. JOHNSTON
Chief of Staff

DISTRIBUTION: A

ELECTION WITH REGARDS TO RECOMMENDATION FOR FURTHER MEDICAL
EVALUATION

6320

Date

From: PVT John Q. Smith, EDIPI/0311 USMC
To: Commanding Officer

Via: Medical Officer, Name of BAS

Subj: ELECTION WITH REGARDS TO RECOMMENDATION FOR FURTHER
MEDICAL EVALUATION

Ref: (a) MARADMIN 328/10

1. I have been advised that a recent medical examination conducted by LCDR Doctor indicated that I exhibit signs of PTSD and/or TBI. I have also been advised by LCDR Doctor that a referral to a mental health professional (or other appropriate physician) is recommended and is in my best interest. Furthermore, I have been advised that such a referral and any necessary treatment are voluntary and provided to me at no cost.

2. With the understanding that submitting to such medical referral is in my best medical interest, I accept/decline to be evaluated and treated for PTSD and/or TBI at this time.

3. I have received a copy of LCDR Doctor's recommendation to my Commanding Officer on date. I understand that I can request additional screening for PTSD and/or TBI while on active duty and I am encouraged to report any mental health concerns that I may have to medical personnel, chaplain, or my chain of command.

SIGNATURE

Copy to:
Member
File

ENCLOSURE (1)

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
	BP:	PULSE:	RESP:
	TEMP:	HT(inches):	WT(lbs):
	ALLERGIES:		
	MEDICATIONS:		
	DATE OF LAST PHYSICAL EXAM:		
	Results of Medical Examination as required by MARADMIN 328/10		
	1. Has member served in combat or been deployed in last 24 months?	Yes/No	
	2. If yes, has PDHRA been verified?	Yes/No	
	3. Date PDHRA verified: _____		
	4. Has member been diagnosed or had concerning symptoms of PTSD/TBI?	Yes/No	
	5. Was member referred for further evaluation of PTSD and/or TBI?	Yes/No	
	6. After referral, was member diagnosed with PTSD and/or TBI?	Yes/No	
	7. Did further evaluation reveal that PTSD and/or TBI to be contributing factor(s) in the member's actions that may have resulted in the command's recommendation for Involuntary Administrative Separation?		
		Yes/No	
	Physician's Comments:		

PATIENT'S IDENTIFICATION <i>(Use this space for Mechanical Imprint)</i>		RECORDS MAINTAINED AT:		
PATIENT'S NAME <i>(Last, First, Middle Initial)</i>			SEX	
RELATIONSHIP TO SPONSOR:		STATUS		RANK/GRADE
SPONSOR'S NAME			ORGANIZATION	
DEPART./SERVICE	EDIPI/IDENTIFICATION NO.		DATE OF BIRTH	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	Member found PQ///NPQ for Separation/Retirement
	Plan of Action if NPQ: Medical Board///Other (specify below).
	Physician's Signature: _____ Date: _____
	<i>You have been evaluated because of your planned separation or retirement from active duty service. If found physically qualified to separate or retire, this means that no medical condition has been noted that disqualifies you from the performance of your duties or warrants disability evaluation system processing.</i>
	<i>To receive disability benefits from the Department of the Navy, you must be unfit to perform the duties of your office, grade, or rating because of a disease or injury incurred or exacerbated while in receipt of base pay. Some conditions, while not considered disqualifying for separation or retirement, may entitle you to benefits from the Department of Veterans Affairs. If you desire additional information regarding these benefits, contact the Department of Veterans Affairs at 1-800-827-1000 or visit their website at http://www.va.gov.</i>
	<i>I have read and understood the above statements from Chapter 15, article 20 of the Manual of Medical Department.</i>
	Patient's Signature: _____ Date _____

REPORT OF MEDICAL EVALUATION TO THE COMMANDING OFFICER

6320
Code
Date

From: Medical Officer, Name of BAS
To: Commanding Officer

Subj: MEDICAL EVALUATION ICO PVT JOHN Q. SMITH, EDIPI/0311 USMC

Ref: (a) MARADMIN 328/10

Encl: (1) Election with regards to recommendation for further
→ Medical evaluation

1. As required by reference (a) PVT John Q. Smith's medical evaluation was conducted on date and the results are as follows:

- a. Member has served in combat and/or has deployed. Y/N
- b. Member's PDHRA has been verified and completed. Y/N
- c. Member has possible signs and/or symptoms of PTSD and/or TBI. Y/N
- d. Member referred for evaluation of PTSD and/or TBI. Y/N
- e. Referral result: member diagnosed with PTSD and/or TBI. Y/N

2. Referral evaluation revealed/did not reveal that PTSD and/or TBI are a contributing factor in the member's actions that resulted in the command's recommendation for involuntary administrative separation. (Provide comments/reasons that led to this conclusion).

Note: This paragraph only applies if member is diagnosed with PTSD and/or TBI.

3. Member found Physically Qualified (PQ)/Not Physically Qualified (NPQ) for separation or retirement from service. (If NPQ, provide plan of action, e.g. refer to medical board or other/specify).

4. Point of contact at this command is _____
at Telephone No.

SIGNATURE

Copy to:
Member
File