



DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
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12 Aug 22

From: President, Physical Evaluation Board

To: Commanding Officers

Subj: NON-MEDICAL ASSESSMENT (NMA) COORDINATING INSTRUCTIONS

Ref: (a) DODI 1332.18 (Disability Evaluation System) of 17 May 18

(b) SECNAV M-1850.1 (Disability Evaluation System Manual) of 23 Sep 19

1. Purpose. Provide Commanding Officers with information to effectively and properly prepare NMAs for Sailors and Marines referred into the Disability Evaluation System (DES).

2. General Guidance. The Physical Evaluation Board (PEB) is a performance-based board, not a medical board, that determines if a Sailor or Marine's physical or mental condition(s) affects their fitness for continued Naval service. Per references (a) and (b), the PEB assesses whether a member can "reasonably perform the duties of their office, grade, rank, or rating/MOS." The NMA is vital to the timely, fair, and transparent process to determine if a member should be returned to duty or discharged with appropriate benefits. The NMA is not a Fitness Report highlighting military character; rather, it is the CO's assessment of the member's performance with full consideration of their referred medical condition(s). More specifically, this is the CO's opportunity to speak directly to the board members - senior Navy and Marine Corps line and medical officers, many of whom have commanded at the O5 and O6 levels. Commanding Officers should not default to superfluous language or transform the NMA into Naval message format but rather should provide comments in first-person, direct dialogue that specifically address each medical condition being referred to the PEB. Each member referred into the DES is assigned a PEB Liaison Officer (PEBLO), who can provide the conditions being referred to the PEB.

3. Commanding Officer's Assessment. The PEB gives significant weight to the NMA as it also considers medical diagnoses and treatment to determine if a Sailor or Marine can reasonably perform their duties. The mere presence of a medical condition, however, does not warrant a finding of Unfit. The condition must affect one's ability to perform duties. The PEB is not asking Commanding Officers to make medical assessments or to speculate as to how a medical condition could affect duties. Rather, this assessment should focus on observed limitations as opposed to medically imposed limitations that are typically conveyed via medical notes and/or Limited or Light Duty notes. If Commanding Officers do not have personal knowledge of performance impacts, they are encouraged to consult with their senior command personnel.

4. Combat-Related and Combat Zone Determinations. In addition to finding members Fit or Unfit for Continued Naval Service, the PEB determines if unfitting conditions are combat related and were incurred in a combat zone. If known, Commanding Officers should convey where, when, and how an injury or illness was incurred. If not known, simply state so. Detailed information on combat-related conditions can be found in Chapter 4, paragraph 4 of reference (b).

5. Weak NMA. The following is an example of a weak NMA for a member referred for left knee pain and headaches: “BM2 Sailor can no longer perform his duties. Medical says he should not traverse shipboard ladders or run further than a mile and cannot deploy. He should be medically retired.”

6. Strong NMA. The following is an example of a strong NMA for a member referred for left knee pain and headaches: “Sgt Marine first injured his left knee in March 2021 while conducting unit PT. He was subsequently treated for a torn ACL, which included surgery and follow-on physical therapy. Despite this, he cannot perform the duties of a Sergeant of Marines nor can he perform the duties specific to his 0311 MOS. Sgt Marine has not completed a PFT or CFT since 2019, was assigned to the Remain-Behind-Element when his unit deployed in 2020, and has been excused from all field exercises and physical training. He is unable to maneuver as an infantryman and because of the limitations from his knee injury, he cannot effectively serve as an example to others as a Marine NCO. As for headaches, neither I nor his chain of command have observed impacts on his performance due to this condition. He is not on Limited or Light Duty for headaches and has never been excused from duties due to this condition.”

7. Commander’s Signature. Per reference (a), a member’s “immediate commanding officer” is required to sign the NMA rather than submit it “by direction.” Immediate commanding officer is defined as a Commanding Officer or Officer-in-Charge/Company Commander with NJP authority. PEB decisions have a significant impact on the lives of wounded, ill, and injured Sailors and Marines and contribute directly to force readiness and lethality. To ensure accurate decisions about returning members to duty or discharging them with the appropriate level of benefits, the PEB relies upon Commanding Officers to provide timely and detailed inputs on performance to PEBLOs. Therefore, it is imperative that the comments be those of the CO or some other senior command personnel as opposed to a first-line supervisor who may have a limited perspective on the needs of the service.

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