DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
1 JARRETT WHITE ROAD
TRIPLER AMC, HAWAII 96859-5000

REPLY TO ATTENTION OF

MCHK-WTB-HQ 18 January 2011

1. **References**:

a. AR 40-400, Patient Administration, 6 Feb 08.

b. Department of the Army EXORD 118-07, Healing Warriors, DTG 021000Q June 2007.

c. Department of the Army FRAGO 1 to EXORD 118-07, Healing Warriors, DTG 161400Q AUG 2007.

d. USAMEDCOM OPERATION ORDER 07-55, 15 Jun 07.

e. Warriors in Transition (WT) Consolidated Guidance, Revised 20 Mar 09.

f. USARPAC OPORD: Theater Medical Action Plan OPORD, 15 Jun 07.

g. FRAGO 002/09 (2001ZSEP07) to USARPAC Theater Medical Action Plan OPORD.

h. FRAGO 003/28 Dec 07 to USARPAC Theater Medical Action Plan OPORD.

2. **Purpose**: To provide standard operating procedures for transferring Soldiers into the Tripler Army Medical Center (TAMC) Warrior Transition Battalion (WTB). The goals of assigning or attaching a Soldier to the WTB are to optimize medical, surgical, and psychiatric outcomes; prepare a Soldier for transition; prevent delays in clinical and administrative evaluation.

3. **Scope**: This document addresses specific policy guidance regarding the identification and assessment of eligible Soldiers to be assigned or attached to the WTB, the nomination process, and the processing and distribution of reassignment/attachment orders.

4. **Eligibility Criteria:**

a. Service Member must have profile that precludes the Soldier from training for or contributing to unit mission accomplishment.

b. Acuity of the wound, illness, or injury requires extensive case management for anticipated 6 months or more.

c. Medical Retention Process (MRP) orders (Compo 2 and 3 Soldiers only):

(1) Applies only to RC Soldiers (not AGR) currently on AD ISO GWOT under partial mobilization 10 US Code 12302.

(2) Incurred illness, injury, disease, or aggravated pre-existing condition in the “Line of Duty”

(3) When military medical authority determines, SM converted to MRP 12301(h) orders and attached to a WTU.

d. Triad of Leadership (TOL) reviews all Soldiers submission packets and makes decision on disposition.

5. **Active Component (Compo 1) Soldiers Criteria for Assignment/Attachment to the WTB:**

a. MEDEVAC from Theater

(1) Patient Movement Request (PMR) STARTC

(2) Met at TAMC ER by WTB

(3) Attached to WTB

b. Japan or Korea

(1) MEDEVAC to TAMC (PMR)

(2) Medical TDY

(3) MEBs from Korea/Japan must be transferred to WTU nearest HOR

c. WTB to WTB Transfer

(1) Initiated by outgoing WTB

(2) PMR to TAMC-WTB

d. Inpatient at TAMC

(1) Initiated by TAMC Case Manager

e. Commander Initiated

(1) Unit Commander (BDE CM) Contact WTB BN Nurse Case Manger

(2) Unit Commander Assembles Entrance Request Packet

I. Modified DA Form 5889-R, WTB Transmittal Document (Enclosure 1). This form confirms all unit-level personnel and administrative requirements are completed prior to reassignment. It also includes the Commander's recommendation of where the Soldier should work if assigned to WTB. If Soldier is currently residing in the barracks, this form will also include the Soldier's current barrack's location.

II. Commander's Statement (Enclosure 2).

III. Commander's Certification Letter (Enclosure 3).

III. Risk Mitigation Matrix which is entitled Decision Matrix for Assigning or Attaching a Soldier to the WTU, (Enclosure 4).

V. Commander's Performance & Functional Statement (Enclosure 8)

VI. Current profile (DA Form 3349, Physical Profile, Feb 2004). Note, profile must not be expired.

VII. Last evaluation report or developmental counseling.

VIII. ORB/ERB.

IX. Most recent SGLV.

X. Most recent DD93.

XI. If applicable, include documents to request to retain Soldier's retention beyond scheduled separation or retirement (required if within 6 months of separation or retirement), approved Line of Duty (LOD) Decision (DD Form 261/DA Form 2173 if required), and results of MOS Medical Retention Board (MMRB).

(3) Unit Commander Submits Completed Entrance Request Packet to WTB BN Nurse Case Manager.

6. **Active Guard and Reserve Component (Compo 2/3) Soldiers Criteria for Assignment/Attachment to the WTB:**

a. MEDEVAC from Theater

(1) Patient Movement Request (PMR) STARTC
(2) Attached to WTB
(3) Medical Retention Process (MRP)

b. Medical Retention Process for Evaluation (MRP-e)

(1) 60 Day Evaluation Orders

(2) SRP or Reverse SRP

(3) If criteria is met – convert to MRP orders

c. After Released from Active Duty

(1) Unit initiated Medical Retention Process 2 (MRP2)

d. Active Duty Medical Extension

(1) Injured during training

7. **Processing Nomination Packets:**

a. WTB BN Surgeon and BN Nurse Case Manager will review all nomination packets to determine if the service member meets entry for attachment or assignment to the Warrior Transition Battalion and make recommendation to WTB Commander.

b. The WTB Commander makes his recommendation to the rest of the TOL.

c. Submit packets to the Triad of Leadership to review and make decision on disposition.

d. Upon approval for attachment, the WTB S1 will contact the service member unit to process TDY orders.

e. Upon approval for assignment, the WTB S1 will process and distribute the reassignment orders.

8. Administrative Actions

a. C2 Links Coordination: WTB HH Commander contacts Soldiers losing Company Commander in order to:

(1) Determine and develop a plan to clear pending UCMJ actions, other legal actions, investigations, property/hand receipt issues, CIF and Line of Duty.

(2) Determine if there are any outstanding administrative issues such as pending awards or evaluation reports.

(3) Determine if there any ongoing behavior issues.

(4) Determine if there any behavioral health issues.

9. Point of contact for this policy is the undersigned, at 655-6659.

8 Encls
1. Modified DA 5889-R
2. Commander's Statement
3. Commander's Certification Letter
4. Risk Assessment Matrix
5. Notification to Unit to assign/attach Soldier to WTB
6. TAMC Form 46
7. Memo for Expeditious Transfer to WTB
8. Commander's Performance & Functional Statement

DAVID A. WEISBERG
LTC, IN
Commanding

Enclosure 1
Modified DA Form 5889-R

NAME: _____

RANK: _____

SSN: _____

MAJOR SUBORDINATE COMMAND: 25th Infantry Division

UNIT (Co/BN/Bde): _____

BARRACKS LOCATION / BLDG / ROOM #_____

RECOMMENDED WORK LOCATION:_____

NOTE: Upon approval for WTB Transfer, the Warrior must clear CIF and Unit.

Modified DA Form 5889-R "WTB Transmittal Document"		
Personnel Documents (in this order)		
	a	Commander's Statement (FRAGO 001/15 Attachment A)
	b	Commander's Certification for WTB Soldier Transfer (FRAGO 001/15 Attachment C)
	c	OER / NCOER and or Developmental Counseling - (last one)
	d	ORB/ERB/PQR/ Officer /Enlisted Record Brief, Personnel Qualification Record or Equivalent
	e	SGLV (to include date last updated)
	f	DD 93 (to include date last updated)
	g	Copy of Current Profile (DA Form 3349) [Must not be expired]
	h	Current barracks location (if currently living in barracks)
	i	Chain of Command recommendation for where the Soldier should work
Provide the Following Documents (if applicable)		
	a	Document authorizing Soldier's retention beyond scheduled separation or retirement date (as applicable if within 6 months of separation or retirement)
	b	Approved LOD Decision (DD Form 261/DA Form 2173) (when required)
	c	MMRB (Medical/MOS Retention Board) (if applicable and available)
RC/NG Documents		
	a	Individual Mobilization Orders including extension orders if applicable
	b	MHO/ADME Orders
	c	Attachment Orders
	d	Training Orders (if applicable)
	e	HREC (Health and Clinical Records; to include VA records, as applicable)

If the Soldier is deserving of an award for their contributions to losing unit, award should be processed by the losing unit. Unit must ensure that Soldier clears CIF and unit.

Enclosure 2
Commander's Statement

Office Symbol Date

MEMORANDUM THRU BN CDR

THRU BDE CDR

THRU Commander, (Soldier's Unit name and address), ATTN: G1

FOR Commander, Tripler Army Medical Center, ATTN: MCHK-MC, 1 Jarrett-White Road, HI 96859-5000

SUBJECT: Commander's Statement, SPC John Warrior, (last 4SSN) 9999

1. Request SPC Warrior be reassigned to the WTB, TAMC, effective _____.

2. PAST HISTORY:

a. SPC Warrior's medical condition began after a difficult landing during an airborne operation when he injured his left knee. He is a Combat Engineer, which requires extensive marching, running and frequent manual labor. Over the past five months, he was on 30-day limited duty profiles on three occasions.

b. SPC Warrior's condition has only worsened. He was scheduled for arthroscopic surgery. Following his surgery, SPC Warrior returned to work, only to find that his condition had not improved. He could not meet the physical demands of his job without extensive pain.

c. Later, SPC Warrior was diagnosed with Osgood-Schlatter disease and has been confirmed twice more since that date. His right knee began to suffer the same symptoms as his left and he was assigned as a driver to reduce the stress on his knees. He cannot walk without pain and is assigned to the CQ desk to continue rehabilitation. He was then referred to the MEB process by the hospital staff on _____(date). Medications have not eased his constant pain.

3. PRESENT CONDITION:

a. SPC Warrior remains well motivated, and provides the leadership characteristics that had him ready to become a Non-Commissioned Officer but is limited physically.

b. As a Combat Engineer, SPC Warrior's physical condition prevents him from performing his duties. He has made every effort to rehabilitate himself, to include surgery. The TAMC or BACH hospital staff concludes that the Osgood-Schlatter disease is not curable. I ask that he be reassigned to the Warrior Transition Unit and be processed through the Physical Evaluation process.

4. Soldier does / does not require a room in the barracks. Unit does / does not want Soldier to return to unit if Soldier remains in Army after assignment to WTB.

5. Unit POC is (rank / name) at (phone number / e-mail address).

CDR Signature Block

Enclosure 3
Commander's Certification Letter

SOLDIER'S NAME:_____
RANK:_____
UNIT:_____

1. **Service data**: Circle the applicable response.

a. Estimated Termination Service (ETS): Soldier's ETS (will) (will not) occur during the next 12 months. (Note: If ETS will occur, See AR 635-200, para 1-24 for retention procedures for AD enlisted, to include AGR, and AR 600-8-24, para 1-22 and 1-23 for AD officers, to include AGR.)

b. Basic Active Service Date (BASD) All components on Active Duty (AD): Soldiers BASD has been reviewed and confirmed to be _____.

2. **Under investigation**: Circle applicable phrase. Soldier (is) (is not) charged or under investigation for an offense chargeable under the Uniformed Code of Military Justice (UCMJ) which could result in dismissal or punitive discharge. (Note: Not eligible for MEB/PEB. Officers resigning for the good of the service and enlisted separating in lieu of court martial (AR 635-200, chapter 10) also fall under this category).

3. **Administrative separation**: Circle applicable phrase. Soldier (is) (is not) pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer). If yes, specify the chapter and the paragraph. (Note: Enlisted administrative separations under AR 635-200, chapters 7 (section IV), 14, or 15, remain eligible for (MEB) but require GCMCA decision for PEB. MEB/PEB has precedence for all others. See para 1-33. Officers are dual processed except for resignation for the good of the service. See AR 600-8-24, para 1-23).
_____

4. **Pending voluntary/involuntary retirement**: (Circle applicable phrase. Add requested information when applicable.)

a. Soldier (is) (is not) pending voluntary retirement. If yes, list date request for retirement was approved: _____.

b. Officer (is) (is not) within 12 months of mandatory retirement for age or years of service. If yes, list mandatory retirement date. _____.

or

b. Enlisted Soldiers (is) (is not) within 12 months of Retention Control Point (RCP) with eligibility for length of service retirement at RCP. If yes, list RCP date: _____.

c. For cases in which retirement was affected by Stop Loss: If Soldier's retirement was delayed by Stop Loss, list the applicable Stop Loss MILPER message (Note: Whether retirement was "revoked" versus "suspended" impacts on "presumption of fitness rule"):
_____

Enclosure 3
Commander's Certification Letter (Cont.)

5. **Pending promotion**. Circle the applicable statement (Note: Under 10 USC 1372(3)(4) Soldiers on a promotion list will be retired at promotion list rank; under 1212(c)ii Soldiers on a promotion list will receive disability severance pay at promotion list rank. Applies to automatic promotion to PV2, PFC, and SPC and from 2LT through CPT).

a. Soldier (is) (is not) on a centralized promotion list.

b. Soldier (is) (is not) on a semi-centralized promotion list and (does) (does not) meet the cut-off score.

c. For Soldiers who fall under automatic promotion, Soldier will be due next automatic promotion: _____ **(provide date)**

6. **Grade determination**: (Complete statement with applicable information; otherwise state "NA.") (Note: An option under 10 USC 1372 and 10 USC 1212 is highest grade satisfactorily served. Cases involving disciplinary reductions or officer rank not held for the required time must be referred by HQUSAPDA to the Grade Determination Review Board)
Soldier has previously held a higher rank of _____ for _____ (number of months). (Provide documentation for PEB case file.)

Explain reason for reduction in rank:
_____
_____
_____

7. **24 September 1975**: (Circle the applicable phrase.)
On 24 September 1975, the Soldier (was) (was not) a member of the Armed Forces, to include the Reserve components, the National Oceanic and Atmospheric Administration (NOAA and formerly the Coast and Geodetic Survey), the U.S. Public Health Service, or was under binding written agreement to become such a member. (Includes a Soldier who was a Service Academy or ROTC contracted cadet or a member of an Armed Force of another country on that date.) (Note: Concerns the exclusion from federal gross income disability severance pay or the amount of disability-retired pay equal to the disability rating x retired pay base).

CDR Signature Block

Enclosure 4
Risk Assessment Matrix

Appendix 3, Annex B, FRAGO 3, DA EXORD 118-07 [HEALING WARRIORS]

Warrior Screening Matrix for WTU

The health care provider will complete Sections 1-5 to determine if Soldier meets criteria for referral to Triad of Leadership. The Soldier's Commander will complete Section 6.

1. Health Provider Assessment

		A	B	C	D
	Condition requires referral to an MEB[1]				
	Catastrophic illness/injury prohibiting return to pre-injury occupation				
Behavioral Health	No Combat stress or operational stress				
	Combat Stress or Mild PTSD				
	Moderate PTSD-improving				
	Moderate PTSD (existing, exacerbated or recurrent)				
	Severe psychiatric illness				
Predicted duty absence	Requires 1 Appointment or less per month				
	Requires 1 or 2 Appointments per week				
	Requires 3 or more Appointments per week				
	Soldier unable to perform any assigned duties in unit for >30 days.				
Treatment Estimate	Treatment & Rehab complete in <3 mos				
	Treatment & Rehab complete in 3-6 mos				
	Treatment & Rehab complete in 6-12 mos				
	Treatment & Rehab needed for >12 mos				
Drug or alcohol use	No indication of drug or alcohol use disorder				
	Daily use of prescription controlled substances				
	Tolerance[2] to prescription controlled substances				
	Prior enrollment in ASAP or legal/admin action for drugs/alcohol				
	Dependence on or addiction to drugs or alcohol. (Excludes nicotine)				
Suicide	No history of Suicide thoughts or actions				
	Suicidal Ideation				
	History of Suicide Gesture				
	History of Suicide Gesture/Ideation w/ access to lethal means				
	History of Suicide Attempt				
Medical Compliance	Participates actively in treatment and keeps all Appts.				
	Participates actively in treatment with <3 No Shows in last 6 mos.				
	Participates moderately in treatment with 3 No Shows in last 6 mos.				
	Does not participate in treatment; >3 No Shows in past 6 mos				
Psychosocial Events	No Significant Life Stressors[3]				
	Moderate Life Stressors				
	Significant Life Stressors or recent divorce or loss of relationship				
	Soldier involved in Family Violence within last year				
	Injury/Illness mod-severely impacts Soldier's view of Self-Worth				
2. Add checks in each column to determine Risk Score					
		A	B	C	D
	Weights	1000	100	10	1

4. Transfer Column Totals to Risk Score

3. Administrative Information

Soldier's Name (Last, First, MI)	Health Care Provider's Name (Last, First, MI)
Soldier's SSN	Health Care Provider's Signature
Soldier's Unit of Assignment	Date Assessment Completed

SOLDIER'S RISK SCORE

A	B	C	D

5. Circle Risk Assessment based on Score.

Score Interpretation / Risk Assessment

< 0029 No Indication for Assignment or attachment to WTU; Low risk effect on medical plan of care.

0030-0199 Possible indication for Assignment or attachment to WTU; Mild risk effect on medical plan of care.

0200-0999 Indication for Assignment or attachment to WTU; High risk effect on medical plan of care.

>1000 Failure to assign or attach Soldier to WTU likely to decrement the medical plan of care.

Additional Provider Comments:

6. Unit Commander's Assessment:

- [ ] Nominate Soldier for WTU assignment/attachment[4]
- [ ] Keep Soldier in Unit (for Soldiers with scores <0200)
- [ ] Keep Soldier in Unit with Risk-Mitigating Strategies (for Soldiers with scores >0200). Must be coordinated between MTF Commander and Unit Commander.

Risk Mitigating Strategies (for Soldier's remaining in Unit and with scores>200)

Additional Commander Comments[5]:

Unit Commander's Name (Last, First, MI)

Unit Commander's Signature (O5+ if Soldier score > 200)

Date Assessment Completed

Enclosure 5
Notification to Unit to Transfer Soldier to WTB

MCHK-CG [Date]

MEMORANDUM FOR Commander, 25th Infantry Division, APVG-PA (ATTN: G1 PSS NCOIC), Schofield Barracks, Hawaii 96857

FOR Commander, (Soldier's Unit name and address)

SUBJECT: WTB Candidate, (enter Soldier rank and full name), (last 4 SSN)

1. [Rank Last Name] meets the Warrior in Transition criteria. After medical review, we recommend that [Rank Last Name] be assigned or attached to the Warrior Transition Unit, Tripler Army Medical Center, for the following reasons:

(Insert justification from the Case Manager/Chief, Deployment Health)

2. The Soldier should be cleared from the unit within 30 days of acceptance.

3. POC this Headquarters is the Warrior Transition Battalion S-1 at 655-6721.

DAVID A. WEISBERG
LTC, IN
Commanding

Instructions to Unit Commander
1. Circle disposition for the Soldier.

ASSIGN **ATTACH** **RETAIN AT UNIT**

2. If selected disposition is "Retain at Unit," state reason for decision and attach copy of Risk Assessment Matrix:

_____

_____

3. If selected disposition is "Assign" or "Attach," circle the Soldier's current status in the following statement:

I verify that the Soldier **IS / IS NOT** facing UCMJ actions, other legal actions, investigations, property/hand receipt issues, and/or Line of Duty determinations.

4. Date recommended for assignment/attachment is _____. The Soldier will have completed all unit out processing requirements by this date.

Enclosure 5
Notification to Unit to Transfer Soldier to WTB (Cont.)

5. Return this form to the Senior Case Manager, Warrior Transition Unit, Schofield Barracks Building 688 2nd floor.

Unit Commander Signature Block

Enclosure 6
TAMC Form 46

DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
1 Jarrett White Road
Tripler AMC, Hawaii 96859-5000

MCHK-WTB-HQ DATE

MEMORANDUM FOR Commander, Warrior Transition Battalion, Tripler Army Medical Center, Tripler AMC, HI 96859-5000

SUBJECT: Request Assignment/Attachment:

1. _____
(PATIENT'S NAME) (RANK) (SSN)

2. IAW para 8-4, AR 40-400 and the Army Medical Action Plan (AMAP) Guidance, November 2007, patients who are active duty Army will be reassigned to the Warrior Transition Unit when the attending physician determines that the patient qualifies under one of the following conditions:

_____ a. The OCONUS soldier will receive treatment/hospitalization in excess of 90 days.
_____ b. The soldier is being evacuated to another MTF CONUS.
_____ c. The soldier requires further medical care exceeding 6 months
_____ d. The soldier requires processing for relief from active duty, discharge, or retirement IAW AR 635-40, (Physical Evaluation, for Retention, Retirement, or Separation). Assignment is also based on if soldier is able to render productive service to the parent unit while undergoing the disability processing.
_____e. Soldier is USAR or ARNG with need for continuing Line of Duty related care and/or has an expiring order.

3. Request for assignment must be accompanied with a DA Form 3349 (profile). Soldier's nomination packet and commander's statement (if applicable).

4. Other Duty Restrictions _____

5. Diagnosis:

a. Date of admission to WTB:

b. MOS:

c. UIC:

d. Unit:

e. Number of hours Soldier can work daily:

MCHK-WTB-HQ

SUBJECT: Request Assignment/Attachment Orders

6. Soldier meets all requirements for assignment/attachment to the Warrior Transition Battalion. I concur/do not concur with the requirements above.

_____
Warrior Transition Battalion Surgeon

7. Approved/Disapproved

_____
Commander, Warrior Transition Battalion

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, United States Code, Section 301.

PRINCIPLE PURPOSE: To authenticate that the individual is an authorized Composite Health Care System/Health Care Provider.

ROUTINE USES: This information is used to identify authorized users and Health Care Providers of the Composite Health Care System.

DISCLOSURE: Voluntary, however, failure to provide the requested information may seriously delay routine health care.

REPLY TO
ATTENTION OF

Enclosure 7
Memo for Expeditious Transfer to WTB

MCHK-CG [Date]

MEMORANDUM THRU Commander, 25th Infantry Division, APVG-PA (ATTN: G1 PSS NCOIC), Schofield Barracks, Hawaii 96857

FOR Commander, (Soldier's Unit name and address)

SUBJECT: WTB Immediate Transfer

1. (Soldier rank and full name], [last 4 SSN), meets the Warrior in Transition criteria. After medical review, we recommended that (Rank Last Name) be immediately transferred to the Warrior Transition Unit, Tripler Army Medical Center, for the following reasons:

(insert justification from the Case Manager/Chief, Deployment Health)

2. Orders have already been requested for this action. Every effort should be made to clear the Soldier from the unit as soon as possible. However, clearing should not prevent movement of the soldier to the WTB. Please advise the WTB Commander immediately if the Soldier is facing UCMJ actions, other legal actions, investigations, property/hand receipt issues, and/or Line of Duty determinations.

3. POC this Headquarters is the Chief, Deployment Health at 433-3327 or the Senior Case Manager at 352-2538.

KEITH W. GALLAGHER
Brigadier General, USA
Commanding

CF:

HSHK-PDT
HSHK-HC
MCHK- MC

Enclosure 8
Commander's Performance & Functional Statement

Appendix 2					
COMMANDER'S PERFORMANCE & FUNCTIONAL STATEMENT					
AUTHORITY:					
PURPOSE: To provide information on the impact a medical impairment has on the ability of military personnel to perform their military duties, and to document administrative actions.					
Section I: SOLDIER DEMOGRAPHIC INFORMATION					
1. DATE(YYYYMMDD)	2. LAST NAME	FIRST NAME	MIDDLE INITIAL	3. SSN:	4. PMOS / BASD
4. COMPONENT	5. AGE	6. UNIT OF ASSIGNMENT			

Section II: FUNCTIONAL STATEMENT			
Description	**YES**	**NO**	**COMMENTS REQUIRED IN SECTION V**
7. Soldier is performing duties in his/her MOS.			
8. Soldier is in an appropriate TO&A or TDA position for his/her grade and MOS.			
9. Soldier can perform his/her assigned MOS duties in the unit.			**If answer is NO**
9a Soldier performs alternate duty well.			**If answer is NO**
10. Soldier's medical condition/limitations affect the unit accomplishing its mission.			
11. Soldier keeps all medical appointments.			**If answer is NO**
12. Soldier has healthcare appointments on a regular basis.			**If answer is NO**

	< 1 time/wk	1-3 times/wk	3-5 times/wk	>5 times/wk
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Section III:INDUSTRIAL CAPACITY STATEMENT:			
	YES	**NO**	**COMMENTS REQUIRED IN SECTION V**
13. Soldier works an 8-hr duty day.			**If answer is NO**
14. If Soldier is not working, it is because he/she is going to appointments.			**If answer is NO**
15. Soldier is able to remember locations, work-like procedures and instructions.			**If answer is NO**
16. Soldier is able to maintain a level of attention and focus to carry out instructions and complete tasks in a timely manner.			**If answer is NO**
17. Soldier is able to communicate effectively with others.			**If answer is NO**
18. Soldier is able to relate civilly to supervisors and other workers.			**If answer is NO**
19. Soldier is able to sustain an ordinary routine without extra supervision.			**If answer is NO**
21. Soldier is able to make basic work-related decisions.			**If answer is NO**
22. Soldier is able to perform without an unreasonable number and duration of rest periods.			**If answer is NO**
23. Soldier is able to ask simple questions and request help when appropriate.			
24. Soldier is able to respond appropriately to changes in routine.			
25. Soldier is able to be aware of safety hazards and take appropriate precautions.			
26. Soldier has healthcare appointments on a regular basis.			**If answer is NO**
27. The Commander has reviewed, completed block 19 and 20 and signed Soldier's Profile DA Form 3349.			
28. The Commander agrees with the Soldier's Permanent Profile as written.			**If answer is NO**
29. Soldier is compliant with profile.			**If answer is YES**
30. Soldier is charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge.			**If answer is YES**
31. Soldier is pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer).			**If answer is YES (Specify the chapter and paragraph)**

Enclosure 8
Commander's Performance & Functional Statement (Cont.)

CHAPTER _____, PARA_____						
32. Soldier is pending voluntary retirement. **Date retirement approved:_____**						**If answer is YES (List date retirement was approved**
LAST NAME	**FIRST NAME**	**MIDDLE INITIAL**		**SSN:**		
SECTION V: COMMENTS: Provide comments if required by SECTION II, III or SECTION IV:						
SECTION VI: COMMANDER'S VALIDATION AND SIGNATURE						
1. PRINTED NAME		**2. RANK**	**3. TITLE**			
4. UNIT ADDRESS		**5.PHONE NUMBER**				
6. SIGNATURE	**7. E-MAIL ADDRESS**	**8.DSN**			**9. FAX NUMBER**	