



**DEPARTMENT OF THE AIR FORCE**  
**WASHINGTON, DC**

**Office of the Assistant Secretary**

MEMORANDUM FOR AFPC/DPFDD

FROM: SAF/MRBP

SUBJECT: Physical Evaluation— [REDACTED]

On behalf of the Secretary of the Air Force, it is directed that [REDACTED] be discharged and receive severance pay with a disability rating of 10 percent under the provisions of Title 10, United States Code, Section 1203. This disability rating was determined based on the Veterans Affairs Schedule for Rating Disabilities (VASRD) in accordance with the National Defense Authorization Act of 2008.

[REDACTED] case was considered by the Air Force Personnel Board (AFPB), which made a recommendation regarding its disposition. The following rationale is provided for the final decision in this case. The Board considered the member's contention that he is fit and should be returned to duty. The Board noted the member has been compliant with all treatment, is currently asymptomatic, and has an undetectable human immunodeficiency virus (HIV) viral load. Additionally, he is able to perform all in garrison duties, has passed his most recent fitness assessment without any component exemptions, and his commander strongly supports his retention. However, the Board noted the member's condition precludes him from being able to deploy world-wide without a waiver and renders him ineligible for deployment to the Central Command (CENTCOM) Area of Responsibility (AOR), where the majority of Air Force members are expected to deploy. Deployability is a key factor in determining fitness for duty and the Board recognized the member belongs to a career field with a comparatively high deployment rate/tempo. Therefore, based on his inability to deploy and considering his current career point, the Board determined he is unfit for continued military service and shall be discharged with severance pay.

When addressing the applicant's disability rating award, the Board is required by law to rate a disability using criteria outlined in the VASRD. The AFBP typically applies the disability ratings proposed by the Department of Veterans Affairs (DVA) under the Integrated Disability Evaluation System (IDES), as these ratings should be in compliance with the VASRD. The Board therefore assigned a rating of [REDACTED] percent to the member's HIV infection. This rating warranted discharge with severance pay.

This document contains information which must be protected IAW AFI 33-332 and DoD Regulation 5400.11; Privacy Act of 1974 as Amended Applies, and it is For Official Use Only (FOUO).

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A-00460

This action is taken under the authority delegated by the Secretary of the Air Force.



**X** John K. Vallario

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JOHN K. VALLARIO  
Deputy Director, SAF Personnel Council  
Signed by: VALLARIO.JOHN.K.1069511070

Attachment:  
Additional Information Sheet

### Additional Information Sheet

Your case was reviewed by the Air Force Personnel Board (AFPB) of the Secretary of the Air Force Personnel Council (SAFPC) under authority delegated by the Secretary of the Air Force. The board reviewed all facts and evidence in the case, to include the testimony presented before the Formal Physical Evaluation Board (FPEB) and the remarks of the FPEB (if applicable), the remarks of the Informal Physical Evaluation Board (IPEB), the service medical record (including electronic entries contained in the Armed Forces Health Longitudinal Technology Application, or AHLTA), the Narrative Summary of the Medical Evaluation Board (MEB), the Department of Veterans Affairs (DVA) medical examination, information provided by you and your counsel, and any additional information that was provided.

If you are on extended active duty and have between 15 and 19+ years of active duty service (but less than 20 years), have an essentially stable condition, and wish to return to duty, you **may** be eligible to apply for the Limited Assignment Status (LAS) program. Please see Chapter 6 of AFI 36-3212 for more information or discuss your options with your Office of Airmen's Counsel (OAC) representative. Note: you are normally **not** eligible to apply for LAS if you are being placed on the Temporary Disability Retired List (TDRL).

The board is sensitive to your potential need for continuing medical care. Therefore, the board encourages you to utilize the resources of the DVA to the extent that you may be entitled. The DVA is the agency chartered by Congress to provide assistance to all eligible veterans. A full complement of medical services is available at any tertiary-level DVA health care facility. The DVA's Vocational Rehabilitation and Employment Program's mission is to assist veterans with a service-connected disability to prepare for and find suitable employment. Additional information regarding this program can be obtained at the following website: <http://www.benefits.va.gov/vocrehab/index.asp>. The Military Disability Evaluation System (MDES) is responsible for maintaining a fit and vital fighting force. While the MDES considers all of the service member's medical conditions, compensation can only be offered for those medical conditions that cut short a service member's career, and then only to the degree of severity present at the time of final disposition. However, the DVA, operating under a different set of laws (Title 38, United States Code), is empowered to periodically re-evaluate veterans for the purpose of adjusting their disability ratings should their degree of impairment vary over time.

You are also advised of your right to pursue further appeal through application to the Air Force Board for Correction of Military Records (AFBCMR) should you find reason that brings into question the decision of the board. The AFBCMR is an independent body chartered by Congress to redress any Air Force personnel action without influence of previous boards or their respective decisions. You may obtain information on appeal procedures from the AFBCMR website at: <http://www.afpc.af.mil/Board-for-Correction-of-Military-Records>.



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS AIR FORCE PERSONNEL CENTER  
JOINT BASE SAN ANTONIO-RANDOLPH, TEXAS



MEMORANDUM FOR SAFFPC

FROM: AFPC/DPFDD  
550 C Street West Ste 6  
JBSA Randolph AFB TX 78150-7552

SUBJECT: Review of Physical Evaluation Board Proceedings –  
[REDACTED]

BASIS FOR REQUEST: The attached Physical Evaluation Board proceedings and allied documents are forwarded for necessary action under paragraph a, Secretary of the Air Force Personnel Memorandum, 10 February 2014.

FACTS:

[REDACTED] met the FPEB on [REDACTED] was found unfit for Continued Service due to Human Immunodeficiency Virus (HIV). [REDACTED] was rated at 10 percent and given Discharge with Severance Pay. [REDACTED] disagrees with the findings of the FPEB and requests SAF reconsideration. Upon completion of SAF review [REDACTED] also would like a one-time VA reconsideration.

RECOMMENDATION: N/A

ANGELA HARRIS, GS-07, DAFC  
Disability Operations Branch  
USAF Physical Disability Division  
Directorate of Airman & Family Care

Attachments:  
1. Disability Case





**DEPARTMENT OF THE AIR FORCE**  
Air Force Legal Operations Agency  
JBSA RANDOLPH TX 78150

[REDACTED]

MEMORANDUM FOR SAF PERSONNEL COUNCIL

FROM: The Office of Airmen's Counsel (OAC)

SUBJECT: Appeal of the Formal Physical Evaluation Board (FPEB) Hearing,  
[REDACTED]

1. **BLUF.** [REDACTED] appeals the findings and recommendations of the FPEB. He requests you to find him fit for duty.

2. **FACTS.**

a. [REDACTED] is a [REDACTED] who entered the IDES process for Human Immunodeficiency Virus. The FPEB noted that [REDACTED] "is treated with antiretroviral therapy and is asymptomatic" and remarked that his "commander reports he is able to perform all in-garrison duties of his AFSC and recommends his retention." (Attachment 1) Despite that accession, the FPEB recommended discharge for [REDACTED] due to his limited ability to deploy. This rationale fails to note the well-established policy that personnel with confirmed HIV infection are merely disqualified from deploying *without a waiver*. Furthermore, as illustrated by the evidence provided, including testimony from the FPEB hearing and objective medical documentation, [REDACTED] is fit and able to perform his duties.

b. All Air Force members who are diagnosed with HIV are under the care of [REDACTED] an infectious disease physician and the Director of the Air Force HIV Medical Evaluation Unit (MEU). [REDACTED] provided a written statement on behalf of [REDACTED] that was submitted to the FPEB as evidence. According to [REDACTED] "has no physical limitation that would prevent him from conducting his duties." (Attachment 2) Further, [REDACTED] stated that [REDACTED] future treatment, will merely entail "continuation of his 1 pill daily treatment with laboratory testing approximately every 6 months and a once yearly evaluation for HIV infection at the MEU." (*Id.*) Importantly, [REDACTED] stated that his assessment of [REDACTED] "did not reveal a medical reason to explain why he would not be returned to duty like hundreds of other USAF members diagnosed with this infection before him." (*Id.*)

3. **LAW/ANALYSIS.** The Board's rational for discharging an otherwise healthy [REDACTED] because of non-deployability flies in the face of the HIV specific DODI 6485.01 and the Air Force implementation of it at AFI (44-178). It also runs afoul of provision of DODI 1332.18 which says, in part: The Secretary of the Military Department concerned must cite objective evidence in the record, as distinguished from personal opinion, speculation, or conjecture, to determine a Service member is unfit because of disability."



**a. The Board is circumventing (DoDI) 6485.01 and AFI 44-178.**

(1) Department of Defense Instruction (DoDI) 6485.01, “Human Immunodeficiency Virus,” contains the appropriate policy and procedures for identification, surveillance, and management of service members infected with the human immunodeficiency virus (HIV). According to the DoDI 6485.01, when service members test positive for HIV, they will be evaluated to ascertain whether or not they are fit for duty and, if they are fit for duty, they are permitted to continue to serve “in a manner that ensures access to appropriate medical care.” DoDI 6485.01, Enclosure 3, ¶2c. The Air Force HIV Program, outlined in AFI 44-178, reiterates that “[m]embers with laboratory evidence of HIV infection who are able to perform the duties of their office, grade, rank and/or rating, may not be separated solely on the basis of laboratory evidence of HIV infection.” AFI 44-178, 2.4.1; Attachment 9. Recent policy clarification stresses that “[a]symptomatic HIV alone is not unfitting for continued service.” (Attachment 3) Per Air Force policy, members who are HIV positive who are retained upon evaluation, will receive an Assignment Limitation Code (ALC-C). (Id.) AFI 44-178 does state that HIV infected personnel “shall not be assigned to OCONUS mobility positions” and instead requires that they be assigned within the continental United States (CONUS), Alaska, Hawaii, and Puerto Rico, but as with most things in the military, members may obtain a waiver and can therefore be assigned OCONUS.

(2) Despite policy overwhelmingly against medically separating or retiring Active Duty Air Force members solely on the basis of HIV, recent Physical Evaluation Board decisions are in direct contravention to that policy. This is especially clear in ██████████ case, since he is able to perform his duties, can take and pass a full fitness test, and has strong support for retention. Both the DoDI and AFI support retention of service members who are HIV positive so long as they are deemed to be otherwise fit for duty. The AFI expressly provides that HIV-infected members who are found to be fit will be retained and will be given an Assignment Limitation Code. This necessarily means that they will not be world-wide qualified, per Air Force policy. The drafters of the DoD and Air Force policies were clearly aware that HIV positive members would not be able to deploy to every conceivable location on the planet. Nonetheless, they took the time, effort, and expense to implement a very detailed pro-retention policy, including the effectuation of an HIV Medical evaluation unit created solely for the purpose of monitoring and treating *retained* HIV positive Airmen. Finally, HIV positive Airmen can easily obtain a waiver allowing them to deploy to almost all OCONUS locations. In spite of the fact that the FPEB is aware of the opportunities for HIV positive members to obtain waivers to deploy, ██████████ is being discharged without being given the opportunity to get the very thing the Board admits he would otherwise be entitled to receive but for his status in Code-37.

(3) What we have here is a not so subtle sleight of hand where the Board feigns fealty to the DoD (and by extension Air Force) policy on retaining HIV infected members, but uses the bludgeon of world-wide qualification to effectively bash the policy aside. It creates an impossible (and impermissible) standard because a member with HIV can never be fully world-wide qualified. The end result is that the member is discharged because they have HIV and the Board wipes its hands on the fiction of world-wide qualification. This is the exact opposite of what is supposed to happen. The Air Force should follow its own AFI and the DoDI, monitor the



health of a member as required by AFI, retain healthy members with an assignment limitation code, and allow them to continue service in congruence with Congressional intent.

(4) The Air Force has a long history of working with and retaining Airman diagnosed with HIV. Despite this well-established policy, recent trends tend to show that there has been an impermissible, unjustifiable policy shift made by unaccountable bureaucrats at AFPC/DPFD. That shift, although unwritten and unknown to everyone but AFPC/DPFD and the Board, suggests that AFPC/DPFD has decided that they are going to unilaterally override the larger Air Force, sister services, and most importantly, Congress in deciding that HIV members will not be retained. There is reason to believe that the new phantom policy includes standards such as the time a member has in service. AFPC/DPFD has created a rule out of thin air that seems to suggest that if the member does not have the time in service that they deem sufficient, they will not be returned to duty under any circumstances.

4. **RECOMMENDATION.** [REDACTED] requests you to find him fit for duty. We recommend you find him fit and allow him to continue his service.

5. Please let me know when this case is going to be considered so we can supplement more recent material for the Council to consider.


[REDACTED]  
AMBER D. EVANS, Maj, USAF  
Disability Counsel

Attachments:

1. AF Form 356, Findings and Recommended Disposition of FPEB, dtd [REDACTED] (2 pgs)
2. [REDACTED] MD, MFR for FPEB, dtd [REDACTED] (1 pg)
3. Maj Gen Robert D. Labrutta, MFR for AFPC/CC, dtd [REDACTED] (1 pg)

cc:

1. Colonel Andrew H. Weaver, Director, SAF Personnel Council
2. President, USAF Formal Physical Evaluation Board

FORMAL	FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD	DATE: [REDACTED]
<b>PRIVACY ACT STATEMENT</b>		
<p><i>AUTHORITY</i> 10 U.S.C. 8013, Secretary of the Air Force (AF); as implemented by AF Instruction 36-2608 and Executive Orders 9397 (SSN) and 13478.  <i>PRINCIPAL PURPOSE</i> Military personnel records are used at all levels of AF personnel management for actions/processes related to disability evaluation for separation/retirement or retention.  <i>ROUTINE USES</i> Records may be disclosed to the Department of Veterans Affairs for research, processing, and adjudication of claims, and providing medical care.  <i>DISCLOSURE</i> Voluntary. SSN is necessary to ensure positive identification. Refusal to divulge information may delay or halt further processing and may jeopardize entitlement to disability benefits.</p>		
1. BOARD CONVENED AT JBSA Randolph AFB TX 78150-4708		2. EXHIBITS ATTACHED: A-C, G-Y
3. MEMBER'S NAME (Last, First, MI) [REDACTED]		4. GRADE [REDACTED]
		5. SSN [REDACTED]
6. COMPONENT: <b>Regular AF</b>	7. 10 USC 1208 SERVICE <b>05</b>	8. APPROVED RETIREMENT/HYT:
9. FINDINGS CONCERNING INDIVIDUAL CONDITIONS DESCRIBED IN THE RECORDS		
<p>A. DIAGNOSIS                  B. INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY (Enter "Yes", "No", or "NA" for Not Applicable.)                  C. LINE OF DUTY OR PROXIMATE RESULT OF PERFORMING DUTY (Enter "Yes" for in line of duty or proximate result, "No" for not proximate result of performing duty (ARC only), "M" for Not LOD - intentional misconduct, "N" for Not LOD - willful neglect, "A" for Not LOD - incurred during a period of unauthorized absence, or "NA" for not applicable)                  D. DISABILITY COMPENSATION RATING                  E. VETERANS ADMINISTRATION SCHEDULE FOR RATING DISABILITIES (VASRD) CODE                  F. COMBAT RELATED DETERMINATION AS DEFINED IN 26 USC 104 (Enter "A" for direct result of armed conflict, "T" for direct result of instrumentality of war, "S" for duty under conditions simulating war, or "H" for while engaged in hazardous service, or "No" if not combat related.)</p>		
A. DIAGNOSIS	B.	C.
D.	E.	F.
<p><b>CATEGORY I - UNFITTING CONDITIONS:</b> Human Immunodeficiency Virus (HIV) w/ Pharyngitis</p> <p><b>CATEGORY II - CONDITIONS THAT CAN BE UNFITTING BUT ARE NOT CURRENTLY UNFITTING:</b> See NOTE in Block 15</p> <p><b>CATEGORY III - CONDITIONS THAT ARE NOT UNFITTING AND NOT COMPENSABLE OR RATABLE:</b> NONE</p>	Yes	Yes
	10	6351
		No
10. ADDITIONAL FINDINGS		
A. MEMBER IS UNFIT BECAUSE OF PHYSICAL DISABILITY		YES
B. OVERCOMES THE PRESUMPTION OF FITNESS		N/A
C. CONDITION IS PERMANENT/STABLE		YES
D. DISABILITY WAS INCURRED IN LINE OF DUTY IN TIME OF WAR OR NATIONAL EMERGENCY OR AFTER 14 SEP 1978		YES
E. DISABILITY WAS INCURRED IN A COMBAT ZONE OR INCURRED DURING THE PERFORMANCE OF DUTY IN COMBAT-RELATED OPERATIONS AS DESIGNATED BY THE SECRETARY OF DEFENSE (NDAA 2008, Sec 1646)		NO
11. COMBINED COMPENSABLE PERCENTAGE <b>10</b>	12. RECOMMENDED DISPOSITION <b>Discharge With Severance Pay (DWSP)</b>	
13. NAME OF PEB PRESIDENT OR REPRESENTATIVE <b>ADAM N. CARTER, Lt Col, USAF</b>	14. SIGNATURE 	
CLINICS FOR TDRL EVALUATIONS		
N/A	N/A	N/A



FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD						
GRADE/NAME:	SSN:	DATE:				
Continuation of Item 9, FINDINGS CONCERNING INDIVIDUAL CONDITIONS DESCRIBED IN THE RECORDS						
A. DIAGNOSIS	B.	C.	D.	E.	F.	
<p>15. REMARKS:</p> <p><b>Contention:</b> ██████████ contends he is fit and should be returned to duty.</p> <p>██████████ is a ██████████ who was diagnosed with HIV, Stage 3, in ██████████. He reported a previous illness in ██████████ suggestive of acute retroviral syndrome. He is treated with antiretroviral therapy and is asymptomatic. His commander reports he is able to perform all in-garrison duties of his AFSC and recommends his retention. The most recent AF Form 469, Duty Limiting Condition Report, indicates he is not worldwide qualified. Confirmed HIV infection is disqualifying for deployment IAW CENTCOM MOD 13, Tab A paragraph 7C. The FPEB acknowledges ██████████ record of performance during his five years of military service and the numerous letters of support for his retention. Unfortunately, his condition significantly affects his ability to be assigned worldwide and deploy, which would have significant effect on his career progression and place increased burden on others within his career field. Therefore, the FPEB finds this condition is <i>unfitting</i> for continued military service.</p> <p>The Formal Physical Evaluation Board (FPEB) finds ██████████ medical condition prevents him from reasonably performing the duties of his office, grade, rank or rating and recommends discharge with severance pay with a disability rating of 10% IAW the Veterans Administration Schedule for Rating Disabilities (VASRD) guidelines.</p> <p><b>NOTE:</b> The FPEB has considered all other medical conditions rated by the Department of Veterans Affairs related to ██████████ military service as required under the Integrated Disability Evaluation System. The Board finds these conditions are currently not unfitting for duty separately or collectively.</p>						



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

[REDACTED]

To whom it may concern,

[REDACTED] has been under our care at the USAF HIV Medical Evaluation Unit (MEU) since [REDACTED]. His initial CD4 cell count was [REDACTED] and he started a once-daily antiretroviral treatment regimen. There is no follow-up laboratory information to date and his next scheduled follow-up at the HIV MEU is [REDACTED]. He has no physical limitation that would prevent him from conducting his duties. In the future, he will require continuation of his 1 pill daily treatment with laboratory testing approximately every 6 months and a once yearly evaluation for HIV infection at the MEU.

My assessment of did not reveal a medical reason to explain why he would not be returned to duty like hundreds of other USAF members diagnosed with this infection before him. If there are any questions, please contact me at [REDACTED].

Very respectfully,

[REDACTED]

Director, HIV Medical Evaluation Unit  
Chief, Infectious Disease Service  
San Antonio Military Medical Center





DEPARTMENT OF THE AIR FORCE  
WASHINGTON DC



11 Oct 17

MEMORANDUM FOR AFPC/CC

FROM: HQ USAF/A1P

SUBJECT: Retention of Airmen with Asymptomatic HIV

Airmen with asymptomatic HIV infection, defined as laboratory evidence of Human Immunodeficiency Virus (HIV) infection without the presence of progressive clinical illness or immunological deficiency, shall be referred to Air Force Personnel Center (AFPC) Medical Standards Branch in the Medical Service Officer Management Division (DP2NP) for a case review.

AFPC/DP2NP will determine if the Airman may be returned to duty with an Assignment Limitation Code (ALC-C) or if medically necessary, be referred to the Integrated Disability Evaluation System (IDES). Asymptomatic HIV alone is not unfitting for continued service.

Airmen with laboratory evidence of HIV infection and with the presence of progressive clinical illness or immunological deficiency shall be referred into the IDES.

Our points of contact are Lt Col Matthew Huibregtse, AF/A1PPP (703-571-0827, [matthew.j.huibregtse.mil@mail.mil](mailto:matthew.j.huibregtse.mil@mail.mil)) and Col Patrick Danaher, AFMOA/SGHM, (210-395-9140, [patrick.j.danaher6.mil@mail.mil](mailto:patrick.j.danaher6.mil@mail.mil)).

A handwritten signature in black ink, appearing to read "Robert D. Labrutta".

ROBERT D. LABRUTTA  
Major General, USAF  
Director, Military Force Management Policy

cc:  
AFMOA/CC

**BREAKING BARRIERS...SINCE 1947**



DEPARTMENT OF THE AIR FORCE

[Redacted]

[Redacted]

MEMORANDUM FOR SAF/MRBP

FROM: [Redacted]

SUBJECT: Appeal of the Findings of the Formal Physical Evaluation Board (FPEB)

1. On [Redacted], I had my FPEB hearing. The FPEB determined me to be unfit for continued military service and recommended discharge with severance pay with a disability rating of [Redacted]. I disagree with the FPEB's findings and ask that you consider the following and return me to duty.

2. I am currently [Redacted] My job entails me acting as a [Redacted] I am currently in charge of [Redacted]. I have consistently taken and passed all of my Physical Fitness exams with an [Redacted] or above. My current test [Redacted] I received an Excellent Score of 98%. I have my next test scheduled for [Redacted]. I have multiple letters of support from current and previous coworkers that state I am more than capable of fulfilling my military duties. My military career also shows I have gone above and beyond my entire career. [Redacted]

[Redacted] My military career shows that I am not only able to complete my job, but also capable of leading today's Airmen to accomplish the mission.

3. At the hearing and in the FPEB's written decision they stated I am not deployable and will cause a significant burden on my co-workers. I find their reasoning to be frustrating because [Redacted]

[Redacted] My condition is simple to manage and does not place an undue burden on the Air Force. Explicitly, I am only required to take one pill a day and conduct lab testing at six months from when I started treatment, and then annually thereafter. These requirements do not place an unnecessary burden on the Air Force nor do they affect my ability to complete the mission.

4. I find their reasoning to be extremely flawed and directly in contradiction with Air Force and DOD Policy, when they state I cannot serve or deploy. I have done a lot of research and as dated 04 March 2014, IAW AFI 44-178 Section 2.4.1. "Outcome of Evaluation for Continued Military Service. HIV seropositivity alone is not grounds for medical separation or retirement for ADAF members." Additionally, the instruction states in A9.1. Retention: A9.1.1. Members with laboratory evidence of HIV infection who are able to perform the duties of their office, grade, rank and/or rating, may not be separated solely on the basis of laboratory evidence of HIV infection. Also, IAW DoDI 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," Service members with the following medical conditions may not deploy unless a waiver is granted: Presence of HIV seropositivity with the presence of progressive clinical illness or immunological deficiency." DOD policy literally states I am only considered non-deployable if I



have HIV with declining health. Since that is not the case I should not be seen as non-deployable or require a waiver.

5. Furthermore, in a report to Congressional Defense Committees on Department of Defense Personnel Policies Regarding Members of the Armed Forces with HIV or Hepatitis B in response to section 572 of the National Defense Authorization Act (NDAA) for FY 2014 (Public Law 113-66) it is stated that service members already serving who have laboratory evidence of HIV: are referred for appropriate treatment and managed in the same manner as a Service member with other chronic illnesses and that they may deploy with the Combatant Commanders approval. Additionally, this review found that current DoD HIV policies are: (4) In support of retention of DOD personnel already serving, unless there is evidence of deteriorating health or other factors that make the individual unable or unfit to perform their duties. Moreover, the report states that once a Service member has been trained, the goal is to retain members who acquire HIV who are still capable of performing their duties in the rigorous military environment and to deploy wherever the military serves.

6. In this regard, I should be returned to duty with an Assignment Limitation code: C-1; which is defined IAW AFI41-210 Paragraph 4.76.2.1.1. "ALC-C1 This code will be used primarily to identify individuals with temporary or mild conditions requiring medical follow-up but whose condition is clinically quiescent or unlikely to cause serious impact if untreated or treatment is limited to primary care during periods of deployment or assignment. My HIV Positive-Undetectable status is a mild condition that requires annual medical follow-up and is currently clinically quiescent, or in a state or period of inactivity or dormancy. The treatment is limited to primary care during a period of deployment or an assignment. I currently take one pill orally every night. Additionally, under Paragraph, 4.76.3.3.3. ALC-C1 does NOT require a waiver for PCS/TDY to other "fixed bases" like those in Germany, England, Japan, Guam, or Italy, or to Elmendorf or Hickam. Under paragraph, 4.76.4.1. ALC-C1 allows me to be worldwide (mobility) qualified.

7. According to both the DODI and the AFIs I should not be going through this process. I have put in a lot of hard work over my [REDACTED] career and still want to serve my country. I only ask you hold me to the rules and regulations that govern our military and return me to duty. The Air Force has provided me a chance to see the world, I have already been to two OCONUS locations in my career on two different continents. Joining the Air Force has been the best decision I have ever made and I would be disheartened if my career ends prematurely. Please allow me to continue to serve my country with honor and return me to duty.

8. I am continuing to gather information in support of my case. I understand that the appeals process can be lengthy, and I respectfully request that my appointed counsel, Major Amber Evans be contacted prior to a final decision being made. This will allow me the opportunity to submit updated information regarding my case.

[REDACTED]



DEPARTMENT OF THE AIR FORCE

MEMORANDUM FOR PRESIDENT, U.S. AIR FORCE FORMAL PHYSICAL EVALUATION BOARD (FPEB)

FROM: [REDACTED]

SUBJECT: Letter of Reference – Fit for Duty, [REDACTED]

1. I am the [REDACTED]  
[REDACTED] I lead, manage, and am responsible for the readiness of over two hundred personnel from seven diverse career fields [REDACTED]  
[REDACTED] have been privileged to serve the Air Force [REDACTED] at multiple duty stations for over eighteen years.

2. I have known [REDACTED] for almost [REDACTED] and interact with him daily. [REDACTED] is one of my “go-to” NCOs. He is a reliable team member I can always count on to get things done right, the first time. He works in a critically undermanned section of our unit, where his experience and professionalism are in high demand. He is a hard charger and valuable member of our team.

3. [REDACTED] daily tasks are mostly administrative in nature. He works as [REDACTED]  
[REDACTED] I have not observed any limitations or degraded duty performance related to [REDACTED] medical condition. In fact, I was only recently made aware that he had any. He has no health issues I know of and recently scored a [REDACTED] on his most recent physical fitness assessment.

4. After reviewing the Formal Physical Evaluation Boards decision not to retain [REDACTED] I disagree with the basis of their decision and contend that he is fit to perform his daily responsibilities and does not place any undue burdens on the Air Force or his co-workers. His treatment is simple and he only requires follow-up annually with medical. With this in mind, I find no reason why [REDACTED] should not be returned to duty and given an Assignment Limitation Code as applicable. He would then easily be able to PCS overseas or deploy as needed. I spoke with [REDACTED] about his condition and his desire to remain on Active Duty. It is my intent that [REDACTED] be returned to duty!



5. Thank you for the opportunity to provide a letter of support for [REDACTED] If you have any additional questions, please contact me at [REDACTED]  
[REDACTED]

[REDACTED]



FOR OFFICIAL USE ONLY

DEPARTMENT OF THE AIR FORCE

[REDACTED]

[REDACTED]

MEMORANDUM FOR PRESIDENT, U.S. AIR FORCE FORMAL PHYSICAL EVALUATION BOARD (FPEB)

FROM: [REDACTED]

SUBJECT: Letter of Reference – Fit for Duty, [REDACTED]

1. My name is [REDACTED], I am a [REDACTED] stationed in the [REDACTED] [REDACTED]. I have served in the USAF for [REDACTED] years. Like [REDACTED] [REDACTED]. I have not received any major awards, however, I have earned [REDACTED]. Additionally, I was recently [REDACTED] for Outstanding Performance.

2. [REDACTED] Admittedly, I have never directly worked with [REDACTED] however, considering we are both in the same career field I can accurately speak to his character and how his medical condition affect his duties. After reviewing his EPR's it is clear his performance speaks for itself. [REDACTED] is head and shoulders above his peers, "Exceeding most, if not all expectations" on almost every category on his latest EPR. On top of that [REDACTED] was awarded with [REDACTED]. These accomplishments are what the United States Air Force needs from our Airmen.

3. [REDACTED] condition does not hinder his performance in any way shape or form. His diagnosis is not causing his health to decline and will not limit his ability to [REDACTED]. As [REDACTED] moves up in rank, he will be assigned with more and more administrative duties, therefore his condition will not be limiting his duty performance at all.

4. Although [REDACTED] will be identified with an assignment limitation code, this will not affect the Air Force. In the modern day Air Force, we need members to serve in all different types of locations and environments. Even with his condition and limitation code he will still be able to serve anywhere in the Continental United States and numerous other locations throughout Asia and Europe while performing his duties without hinderence.

**"MAINTAINING FREEDOM: FLEXIBILITY, TENACITY, VELOCITY...DEPEND ON US!"**

The information herein is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.



5. Additionally, there are several regulations throughout the Department of Defense and United States Air Force that outline Human Immunodeficiency Virus (HIV). Air Force Instruction (AFI) 44-178 Human Immunodeficiency Virus Program, Section 2.4.1 states “HIV seropositivity alone is not grounds for medical separation or retirement of Active Duty Air Force (ADAF) members. Members shall be retained or separated as outlined in Attachment 9”. Attachment 9 Section A9.1 continues to state “Members with laboratory evidence of HIV infection who are able to perform the duties of their office, grade, rank and/or rating, may not be separated solely on the basis of laboratory evidence of HIV infection.”

6. As I mentioned prior, [REDACTED] has a condition that does not hinder his duties. There seems to be a lot of stigma on and around HIV. According to the Centers for Disease Control and Prevention HIV Infections affect 8,600 heterosexuals (23%), 2,800 people who inject drugs (7%) and 26,200 people (70%) among gay and bisexual men. After thinking about [REDACTED] case and the information he laid out for me, it appeared to me that, it was in blatant disregard to the AFI and DODI that he would be medically separated. I became skeptical and recalled information I was given in Airman Leadership School about discrimination. IAW AFI 36-2706 Section 1A, 1.1.1 states “It is against Air Force policy for any Airman, military or civilian, to **unlawfully discriminate against**, harass, intimidate or threaten another Airman on the basis of race, color, religion, **sex**, national origin, age, **disability**, reprisal, or genetic information”. It is my contention that the Medical Evaluation Board has made rash judgments not in line with current Air Force or DoD Policy and is unlawfully discriminating against [REDACTED] on the basis of his sex (sexual orientation) and disability that is inherently more prevalent among gay and bisexual men. Although Don’t Ask Don’t Tell was repealed in 2011, discrimination against the LGBTQ+ Community still exists in the Military today. I urge you to be on the right side of history; to prevent further unlawful discrimination within the Air Force and to hold Airmen accountable to Air Force and DoD Instructions when reviewing [REDACTED] appeal.

7. Thank you for the opportunity to provide a letter of support for [REDACTED] If you have any additional questions, please contact me at [REDACTED]  
[REDACTED]

[REDACTED]

***“MAINTAINING FREEDOM: FLEXIBILITY, TENACITY, VELOCITY...DEPEND ON US!”***

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DEPARTMENT OF THE AIR FORCE

[REDACTED]

[REDACTED]

MEMORANDUM FOR PRESIDENT, U.S. AIR FORCE FOMAL PHYSICAL EVALUATION BOARD (FPEB)

From: [REDACTED]

Subject: Letter of Reference-Fit for Duty, [REDACTED]

I am the Sexual Assault Response Coordinator (SARC) at [REDACTED]. I have been the SARC here since [REDACTED]. I ensure 24/7 sexual assault response capability at [REDACTED]. I have over ten years of Civil Service experience and as well as working for the Department of the Air Force, I have also served with the Department of the Navy and Department of Veterans' Affairs. I have a Master's Degree in Social Work and have been a Licensed Clinical Social Worker since 2005. I also hold a Level II accreditation with the Department of Defense Sexual Assault Victim Advocate Credentialing Program. As the SARC at [REDACTED] part of my responsibility is to screen and train Volunteer victim Advocates and provide overall management of the Sexual Assault Response and Prevention Program.

[REDACTED]

He is very helpful and resourceful and this outlook positively affects people around him. He was an asset to the [REDACTED] while stationed here.

[REDACTED] was able to assist in setting up and tearing down [REDACTED] also attended an advance training for [REDACTED]

[REDACTED] demonstrated skill in working through challenging scenarios [REDACTED].

As a [REDACTED] demonstrated qualities that are needed in the Air Force. He brings a positive attitude that transmits to the people around him and is dedicated to each task that is set before him with the knowledge of when to listen and when to act. I believe if [REDACTED] had to be placed on a limitation code he should be retained in the United States Air Force.



Thank you for the opportunity to provide a letter of support for [REDACTED] If you have any additional questions, please contact me at [REDACTED]

[REDACTED]

[REDACTED]



**DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS**

[REDACTED]

To whom it may concern,


[REDACTED] has been under our care at the USAF HIV Medical Evaluation Unit (MEU) since [REDACTED]. His initial CD4 cell count was [REDACTED] and he started a once-daily antiretroviral treatment regimen. He currently has preserved immune function and is at his treatment goal on antiretroviral therapy with a suppressed viral load. He has no physical limitation that would prevent him from conducting his duties. In the future, he will require continuation of his 1 pill daily treatment with laboratory testing approximately every 6 months and a once yearly evaluation for HIV infection at the MEU.

My assessment of did not reveal a medical reason to explain why he would not be returned to duty like hundreds of other USAF members diagnosed with this infection before him. If there are any questions, please contact me at [REDACTED].

Very respectfully,

[REDACTED]



FORMAL	FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD	DATE: <b>11-Apr-18</b>			
<i>PRIVACY ACT STATEMENT</i>					
<p><i>AUTHORITY 10 U.S.C. 8013, Secretary of the Air Force (AF); as implemented by AF Instruction 36-2608 and Executive Orders 9397 (SSN) and 13478.</i></p> <p><i>PRINCIPAL PURPOSE Military personnel records are used at all levels of AF personnel management for actions/processes related to disability evaluation for separation/retirement or retention.</i></p> <p><i>ROUTINE USES Records may be disclosed to the Department of Veterans Affairs for research, processing, and adjudication of claims, and providing medical care.</i></p> <p><i>DISCLOSURE Voluntary. SSN is necessary to ensure positive identification. Refusal to divulge information may delay or halt further processing and may jeopardize entitlement to disability benefits.</i></p>					
1. BOARD CONVENED AT JBSA Randolph AFB TX 78150-4708		2. EXHIBITS ATTACHED: A-C, G-Y			
3. MEMBER'S NAME (Last, First, MI)		4. GRADE			
		5. SSN			
6. COMPONENT: <b>Regular AF</b>		7. 10 USC 1208 SERVICE <b>05</b>			
8. APPROVED RETIREMENT/HYT:					
9. FINDINGS CONCERNING INDIVIDUAL CONDITIONS DESCRIBED IN THE RECORDS					
<p>A. DIAGNOSIS</p> <p>B. INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY (Enter "Yes", "No", or "NA" for Not Applicable.)</p> <p>C. LINE OF DUTY OR PROXIMATE RESULT OF PERFORMING DUTY (Enter "Yes" for in line of duty or proximate result, "No" for not proximate result of performing duty (ARC only), "M" for Not LOD - intentional misconduct, "N" for Not LOD - willful neglect, "A" for Not LOD - incurred during a period of unauthorized absence, or "NA" for not applicable)</p> <p>D. DISABILITY COMPENSATION RATING</p> <p>E. VETERANS ADMINISTRATION SCHEDULE FOR RATING DISABILITIES (VASRD) CODE</p> <p>F. COMBAT RELATED DETERMINATION AS DEFINED IN 26 USC 104 (Enter "A" for direct result of armed conflict, "T" for direct result of instrumentality of war, "S" for duty under conditions simulating war, or "H" for while engaged in hazardous service, or "No" if not combat related.)</p>					
A. DIAGNOSIS	B.	C.	D.	E.	F.
<p><b>CATEGORY I - UNFITTING CONDITIONS:</b> Human Immunodeficiency Virus (HIV) w/ Pharyngitis</p> <p><b>CATEGORY II - CONDITIONS THAT CAN BE UNFITTING BUT ARE NOT CURRENTLY UNFITTING:</b> See NOTE in Block 15</p> <p><b>CATEGORY III - CONDITIONS THAT ARE NOT UNFITTING AND NOT COMPENSABLE OR RATABLE:</b> NONE</p>	Yes	Yes	10	6351	No
10. ADDITIONAL FINDINGS					
A. MEMBER IS UNFIT BECAUSE OF PHYSICAL DISABILITY					YES
B. OVERCOMES THE PRESUMPTION OF FITNESS					N/A
C. CONDITION IS PERMANENT/STABLE					YES
D. DISABILITY WAS INCURRED IN LINE OF DUTY IN TIME OF WAR OR NATIONAL EMERGENCY OR AFTER 14 SEP 1978					YES
E. DISABILITY WAS INCURRED IN A COMBAT ZONE OR INCURRED DURING THE PERFORMANCE OF DUTY IN COMBAT-RELATED OPERATIONS AS DESIGNATED BY THE SECRETARY OF DEFENSE (NDAA 2008, Sec 1646)					NO
11. COMBINED COMPENSABLE PERCENTAGE <b>10</b>			12. RECOMMENDED DISPOSITION <b>Discharge With Severance Pay (DWSP)</b>		
13. NAME OF PEB PRESIDENT OR REPRESENTATIVE <b>ADAM N. CARTER, Lt Col, USAF</b>			14. SIGNATURE 		
CLINICS FOR TDRL EVALUATIONS					
N/A		N/A		N/A	

FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD					
GRADE/NAME:	SSN:	DATE:			
Continuation of Item 9, FINDINGS CONCERNING INDIVIDUAL CONDITIONS DESCRIBED IN THE RECORDS					
A. DIAGNOSIS	B.	C.	D.	E.	F.
<p>15. REMARKS:</p> <p><b>Contention:</b> ██████████ contends he is fit and should be returned to duty.</p> <p>██████████ who was diagnosed with HIV, Stage 3, in ██████████. He reported a previous illness in ██████████ suggestive of acute retroviral syndrome. He is treated with antiretroviral therapy and is asymptomatic. His commander reports he is able to perform all in-garrison duties of his AFSC and recommends his retention. The most recent AF Form 469, Duty Limiting Condition Report, indicates he is not worldwide qualified. Confirmed HIV infection is disqualifying for deployment IAW CENTCOM MOD 13, Tab A paragraph 7C. The FPEB acknowledges ██████████ record of performance during his ██████████ years of military service and the numerous letters of support for his retention. Unfortunately, his condition significantly affects his ability to be assigned worldwide and deploy, which would have significant effect on his career progression and place increased burden on others within his career field. Therefore, the FPEB finds this condition is <i>unfitting</i> for continued military service.</p> <p>The Formal Physical Evaluation Board (FPEB) finds ██████████ medical condition prevents him from reasonably performing the duties of his office, grade, rank or rating and recommends discharge with severance pay with a disability rating of 10% IAW the Veterans Administration Schedule for Rating Disabilities (VASRD) guidelines.</p> <p><b>NOTE:</b> The FPEB has considered all other medical conditions rated by the Department of Veterans Affairs related to ██████████ military service as required under the Integrated Disability Evaluation System. The Board finds these conditions are currently not unfitting for duty separately or collectively.</p>					





DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS AIR FORCE LEGAL OPERATIONS AGENCY  
JBSA RANDOLPH TX 78150

**Formal Physical Evaluation Board Contention Slip**

[REDACTED]

**Attorney:** Maj Amber D. Evans

**Contention:** [REDACTED] contends that he is fit and should be returned to duty.

**Witness:** [REDACTED]

**Board Exhibits:**

- I Contention Slip
- J [REDACTED] MD, MFR for FPEB, dtd [REDACTED] (1 pg)
- K [REDACTED] Letter of Exception, dtd [REDACTED] (3 pgs)
- L [REDACTED] MFR for FPEB, dtd [REDACTED] (1 pg)
- M [REDACTED] MFR for FPEB, dtd [REDACTED] (1 pg)
- N [REDACTED] MFR for FPEB, dtd [REDACTED] (1 pg)
- O [REDACTED] MFR for FPEB, dtd [REDACTED] (1 pg)
- P [REDACTED] MFR for FPEB, dtd [REDACTED] (1 pg)
- Q [REDACTED] MFR for FPEB, dtd [REDACTED] (2 pgs)
- R [REDACTED] MFR for FPEB, dtd [REDACTED] (2 pgs)
- S Awards and Decorations, dtd [REDACTED] (1 pg)
- T AFFMS Fitness Report, dtd [REDACTED] (2 pgs)
- U AF Form 469, Duty Limiting Condition Report, dtd [REDACTED] (1 pg)
- V AF Form 422, Notification of Air Force Member's Qualifications Status, dtd [REDACTED] (1 pg)
- W Awards & Recognitions, various dates (17 pgs)
- X Promotion Documents, undated (3 pgs)
- Y Training Records, various dates (12 pgs)

**Administrative Errors or Irregularities:** None

**Observers:** [REDACTED]



# FPEB Exhibit

J



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

[REDACTED]

To whom it may concern,

[REDACTED] has been under our care at the USAF HIV Medical Evaluation Unit (MEU) since [REDACTED]. His initial CD4 cell count was [REDACTED] and he started a once-daily antiretroviral treatment regimen. There is no follow-up laboratory information to date and his next scheduled follow-up at the HIV MEU is [REDACTED]. He has no physical limitation that would prevent him from conducting his duties. In the future, he will require continuation of his 1 pill daily treatment with laboratory testing approximately every 6 months and a once yearly evaluation for HIV infection at the MEU.

My assessment of did not reveal a medical reason to explain why he would not be returned to duty like hundreds of other USAF members diagnosed with this infection before him. If there are any questions, please contact me at [REDACTED].

Very respectfully,

[REDACTED]

Director, HIV Medical Evaluation Unit  
Chief, Infectious Disease Service  
San Antonio Military Medical Center

# FPEB Exhibit

# K





DEPARTMENT OF THE AIR FORCE

[REDACTED]

[REDACTED]

MEMORANDUM FOR HONORABLE MEMBERS OF THE BOARD

FROM: [REDACTED]

SUBJECT: Letter of Exception

1. I, [REDACTED] have currently served [REDACTED] in the Air Force. I am currently working [REDACTED]

2. I joined the Air Force in [REDACTED] at the age of [REDACTED]. My reasons for joining were simple. I was not ready to go to college and be on my own yet and I wanted to follow in my parents legacy and join the military. [REDACTED] From the beginning, I knew I wanted to make it a career and serve a full 20 years.

3. Throughout High School, I was involved in numerous activities and clubs, I [REDACTED] I always sought positions where I felt I would have the affluence to make an impact on the people around me. The Air Force has provided me with a platform to do just that. [REDACTED]

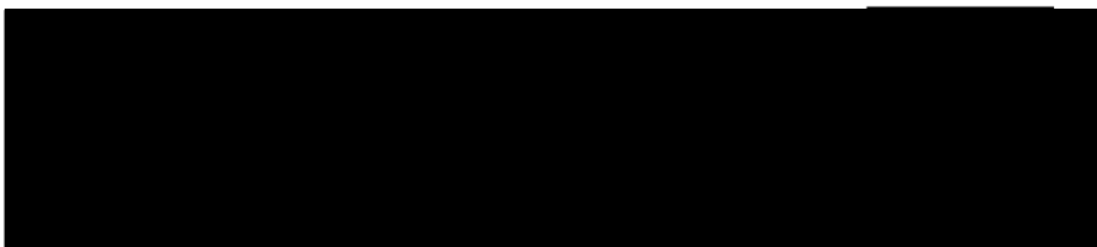
4. Everyone that knows me, knows I am a fighter and determined beyond belief to reach my goals. If the Air Force has taught me one thing, it is how to adapt; how to be resilient. Since finding out about my condition I have remained positive and found trustworthy people that I could talk to so I would not be alone in my fight. Having this condition is not the hard part. The most difficult part is not knowing if I am going to be able to continue serving my country.

5. Since the day I arrived at my first duty station I have made an effort to be the best Airman and accomplish all my goals. At my first duty station, [REDACTED] I took great pride in learning as much as possible about my job and teaching it to new Airmen that came from Technical Training. Due to my leadership skills, my supervisor and NCOIC placed me in charge of numerous programs. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



9. All in all, as things are now, I do not have any regrets in life. Everything I have accomplished was done so with passion and desire fueling me. I joined the Air Force to be apart of something bigger than me, to follow in my parents legacy. I would be remised if my journey ended this year. I love this coutry and I love wearing this uniform, please take into account my experiences and accolades and what I can bring to future Airmen as you make your decision. I am not ready to part ways with the Air Force. Please give me the continued opportunity to serve the nation I love.





# FPEB Exhibit

L

[REDACTED]

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: [REDACTED]

SUBJECT: Character Statement for [REDACTED]

1. My name is [REDACTED] and I am currently [REDACTED].  
[REDACTED] I have been in the military for [REDACTED] s and stationed at [REDACTED] Before  
becoming [REDACTED]  
[REDACTED]

2. I have been [REDACTED] and have worked with him professionally during  
this time. [REDACTED] stood out immediately due to his work ethic and positive attitude.

3. [REDACTED] has a strict adherence to military standards. He is very respectful and always has excellent  
military bearing. He has a good relationship with his co-workers and family. [REDACTED] s a hard  
w o r k e r and is very knowledgeable in his job.

4. I believe that [REDACTED] s a vital to the Air Force mission. His skills are needed in [REDACTED]  
[REDACTED] I hope the Air Force retains [REDACTED] because he will be greatly missed if he has to  
separate.

[REDACTED]

# FPEB Exhibit

# M





DEPARTMENT OF DEFENSE

[Redacted]

[Redacted]

MEMORANDUM FOR HONORABLE MEMBERS OF THE BOARD

From: [Redacted]

Subj: Character letter for [Redacted]

1. My name is [Redacted] I am currently deployed as [Redacted] At homestation, [Redacted] I am in charge of [Redacted] I have served in the Air Force for almost [Redacted] and was recently selected for promotion to [Redacted] I have known [Redacted] since he arrived at his first duty station, I was his first supervisor.

2. I was [Redacted] supervisor in the [Redacted] From [Redacted] During this time, then [Redacted] showed an amazing amount of initiative in learning his job as well as general Air Force practices. He would constantly dive into the AFL, AFMAN, and guidance memorandums to learn as much information as possible about doing his job. He was quickly put in charge of [Redacted]

He was also my go to person because of his knowledge and understanding of the AFL and AFMAN. When I PCS'd, I stayed in contact with him and followed his career. His selection to [Redacted] on his first attempt came as no surprise. As he PCS'd and worked several different sections, he continued to dive into the AFL and AFMAN to become the most knowledgeable person in his work section.

3. In getting to know him, he has always shown a great love for the United States and wants to continue to serve in the military for as long as possible. Since our first conversation when I picked him up from the airport, he has wanted nothing more than to serve in the Air Force for the country he loves. His medical condition may limit some career fields he can work in but it should not stop him from serving his country. He is truly what any supervisor looks for in an Airman. He volunteers, works toward completing higher education, and is the go to person in his work section. He will be a valuable asset to any workcenter in any AFSC. I strongly recommend you retain him and return him to duty. The Air Force would lose the best Airman I have had the pleasure and privilege of serving with.

[Redacted]

# FPEB Exhibit

# N

[REDACTED]

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: [REDACTED]

SUBJECT: Character Statement for [REDACTED]

1. My name is [REDACTED]. I am active duty Air Force stationed at [REDACTED]. [REDACTED] have been in the Air Force for [REDACTED] and have spent the majority of my time in service here at [REDACTED]. As an [REDACTED] career field, my scope of responsibility has [REDACTED].

2. I have known [REDACTED] as both a supervisor and a close friend. Due to the experiences I've had with [REDACTED] I feel that I have become both a superior Airman and outstanding community member. [REDACTED] effective leader and embodied the core values of integrity, service, and excellence. [REDACTED] not only taught me to be efficient in our duty, but taught me to be a humble professional. As aforementioned, I won [REDACTED]. This was not acquired simply by individual performance, but rather a joint effort with a strong supervisor to assist in my journey. Additionally, [REDACTED] is a reliable teammate and friend whenever an extra hand is needed. Through personal struggle and professional struggle, he would be the first to step up and help in any aspect he is able. In my opinion, it is to the benefit of the United States Air Force that [REDACTED] continues to execute our mission, improve our career, and mentor future Airmen that have the privilege to work alongside him.

3. [REDACTED] displays unparalleled duty performance and has proven exemplary qualities of a military leader. He is a great example of how any Airman should conduct themselves, both in uniform and out. If I could attribute my individual readiness and knowledge of our career field, it would be from the teachings of [REDACTED]. He portrays a very resilient attitude in the face of challenges and stress. Despite hardships that I witnessed him confront, he continued to strive for excellence and improve the quality of the Airmen he serves. I believe anyone could attest to the mental fortitude that [REDACTED] contains.

4. I would like to reiterate the quality that [REDACTED] brings to our force. I understand his current situation and I feel that it would be a mistake to let go of such an outstanding Non Commissioned Officer. Should [REDACTED] stay within our ranks, I am confident that he will continue to exceed expectations and exemplify how an Airman should be. If you have any questions on this matter or require any additional information, please feel free to contact me directly at [REDACTED].

[REDACTED]



# FPEB Exhibit

0

[REDACTED]

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM [REDACTED]

SUBJECT: Character Statement for [REDACTED]

1. I, [REDACTED] am a [REDACTED] I served [REDACTED] and was stationed at [REDACTED] from [REDACTED] My jobs consisted of: [REDACTED]

[REDACTED] My two top medals while active duty [REDACTED] I recently was named [REDACTED]

2. I first met [REDACTED] after my [REDACTED] He is a [REDACTED] through and through and was assigned to [REDACTED] One could tell he was eager to learn, motivated and excited to start his military career. I retired; however, we kept in contact through Facebook. He recently [REDACTED] as a [REDACTED] continues to show his eagerness to learn, to improve Air Force processes and still honored to be serving his country. He is a great asset to the military and would be a huge loss if medically released.

3. If you have any questions, please feel free to contact me at any time at [REDACTED] or by email; [REDACTED]

[REDACTED]

# FPEB Exhibit

P





MEMORANDUM FOR HONORABLE MEMBERS OF THE BOARD

FROM: [Redacted]

SUBJECT: Character Statement for [Redacted]

1. My name is [Redacted] I am currently assigned to [Redacted] [Redacted] I have worked in [Redacted] Before that, I worked in [Redacted]
2. I met [Redacted] when we worked together in [Redacted] We interacted on a daily basis on successfully providing [Redacted] [Redacted] possesses the vision, moral integrity, and the capacity to inspire others to strive for excellence.
3. [Redacted] has an admirable blend of technical expertise, personal reliability and character traits required for ascent to positions of higher authority and responsibility. He has earned my complete trust and confidence. He is most capable of making independent judgements and decisions. He is fair, impartial and one of the most honest people I know.
4. He is methodical, extremely conscientious, and completely resourceful. He demonstrates in-depth technical knowledge and his actions are well planned and smoothly executed. [Redacted] has the ability to accept and complete any job regardless of scope and complexity. He is a dynamic leader who has an unswerving allegiance to job accomplishment and thrives on challenges. He is a creative thinker and innovative problem solver. He is a self-starting individual needed in order to meet tomorrow's challenges. He has always been professional in his job performance and has always produced outstanding results.
5. Based on my observations of and contacts with [Redacted] I feel I have an in-depth understanding of him as both an Airman in the United States Air Force and as an individual. My opinion is that he is a person of excellent military character.



# FPEB Exhibit

Q



MEMORANDUM FOR PRESIDENT, U.S. AIR FORCE FORMAL PHYSICAL EVALUATION BOARD (FPEB)

FROM: [REDACTED]

SUBJECT: Letter of Reference – Fit for Duty [REDACTED]

1. My name is [REDACTED] I served honorably in the U.S. Air Force from 1 [REDACTED] I worked as a [REDACTED] entrusted with a Top Secret/SCI security clearance and attained the rank of [REDACTED] In that time, I was permanently stationed at [REDACTED] including a discipline oriented [REDACTED]; the [REDACTED] [REDACTED] I have a real understanding and deep respect for the Air Force mission and Air Force family across a broad spectrum of assignments, activities, and time. After the Air Force, [REDACTED] [REDACTED] For the last [REDACTED] have been performing f [REDACTED] [REDACTED] I have a [REDACTED] in [REDACTED] Most importantly, I became [REDACTED] father just before [REDACTED] and could not be any prouder of him as both a dedicated airman and as a grown man.

2. [REDACTED] has been my son for over [REDACTED] years. We talk at least once a week. Sometimes our conversations are light-hearted and jovial; sometimes we discuss the problems any young adult faces like any other father/son relationship; and sometimes we compare, contrast, and discuss his military career. As an Air Force veteran I am truly impressed with his accomplishments – he has surpassed my expectations! On my recommendation, he originally only enlisted for [REDACTED] [REDACTED] He decided he was going to earn those promotions as fast as possible, and he did! [REDACTED] Then, he worked hard [REDACTED] among [REDACTED] In my entire career I only knew one airman that accomplished this and he was a legend. Add in his job knowledge and history of voluntary community service and he represents what the American public has in mind when they envision a well-rounded U.S. military member.

3. As we all know, [REDACTED] our son, was recently diagnosed with HIV. His mom and I were obviously devastated to learn this news. We incorrectly assumed the worst possible outcome since our only knowledge of this disease dated back to the 1980's. He invited us to attend his medical orientation appointments at [REDACTED] The compassionate professionals at the [REDACTED] allowed us to attend his appointments and we learned a plethora of encouraging news. We learned that over time, with the proper medication and treatment, his viral load should decrease to a level where it may not even be detectable meaning he should live a normal, healthy life. The survival and quality of life expectations for someone with HIV have dramatically improved, and we owe some credit to the BAMC professionals and their case studies. [REDACTED] Like many Air Force career fields, his duties would be informally classified as a "desk job". There is nothing in his predicted medical outcome to indicate he will reach a point where he will not be able to fulfill his normal military duties. As

proof, HIV has not prevented him from performing any duty that any non-HIV positive airman can perform. In my opinion, discharging him at this time based only on a notion that he may not be able to fully perform his future duties would be prejudicial and unjust to both [REDACTED] and the U.S. Air Force.

4. [REDACTED] joined the U.S. Air Force in 2 [REDACTED]. He contracted HIV while serving [REDACTED]. He now tells me that the military may restrict his worldwide status because some nations are prejudicial towards HIV infected individuals. While I respect any sovereign nation's right to enforce a ban on HIV visitors, I do not think the U.S. Air Force should wholesale deny HIV infected airmen from serving honorably in the rest of the world. I have never known of any war or event that required all of our military members to serve in the same country at the same time. Good, competent NCO's are needed all over the world in both nations that allow HIV members and those that do not. [REDACTED] is most definitely an asset to the U.S. Air Force and should be retained. He should immediately be returned to worldwide status (with the exception of the few countries that currently deny HIV positive members).

5. The U.S. Air Force has spent millions of dollars training the many men and women currently serving who have since been infected with HIV. We had the pleasure of meeting many of them while at the BAMC. My wife and I are both veterans with two children now serving in our great armed forces. I have known many service members from several generations – the HIV infected men and women airmen are no different than any other non-infected service member – they all want to serve their country and fulfill the duties they were trained to perform. Do not separate quality airmen, and do not discard these military assets, simply because they have contracted a disease that has not yet affected their ability to serve effectively and with honor.

6. Thank you for the opportunity to provide a letter of support for [REDACTED]. If you have any additional questions, please contact me at [REDACTED] or via e-mail at [REDACTED].

[REDACTED]



# FPEB Exhibit

# R

April 3, 2018

MEMORANDUM FOR PRESIDENT, U.S. AIR FORCE FORMAL PHYSICAL EVALUATION BOARD (FPEB)

FROM: [REDACTED]

SUBJECT: Letter of Reference – Fit for Duty, [REDACTED]

1. My name is [REDACTED] I graduated [REDACTED] which is located in a small rural community [REDACTED] joined the Delayed Entry Program (DEP), against the advice of my parents, teachers, and guidance counselor. Although I had many options after high school, due to high academic honors, I passionately joined the U.S. Army. I served honorably from [REDACTED] worked as a [REDACTED] entrusted with a Top Secret/SCI security clearance and achieved the rank of [REDACTED] My first deployment was [REDACTED] during the [REDACTED] While there, I was assigned to the [REDACTED] with the [REDACTED] After serving [REDACTED] I received orders to [REDACTED] I was assigned to the [REDACTED] Currently, I am serving as the [REDACTED] I hold a [REDACTED] [REDACTED] All of my success was possible because of the training and benefits that I earned and received while serving honorably in the U.S. Army. However, my greatest accomplishment was giving birth [REDACTED]

2. As [REDACTED] mother, I have known him for the last [REDACTED] years and have interacted with him on a weekly to daily basis. As his mother, I am of course, very proud of my son's service to the United States Air Force. More importantly, I am humbled by his love and dedication to the United States of America. Since joining the Air Force, [REDACTED] has been extremely motivated and goal orientated to serve his country. He has gone above and beyond since the moment he entered the military. Beginning with Basic Military Training where he achieved the [REDACTED]

[REDACTED] In addition to his dedication to his profession, Mitchell was devoting countless hours volunteering in the various communities that he called "home".

3. In [REDACTED] my son, shared with my husband and me that he tested positive for the Human Immunodeficiency Virus (HIV). Receiving this news was extremely difficult to process. My first and immediate concern was of course for my son's health, but equally as important, was his future to serve in the Air Force. I had several questions about HIV and how he was going to be treated with this condition. Mitchell invited us to attend his medical orientation appointments at [REDACTED] Attending the training with our son answered several of our questions. The [REDACTED] professionals allowed us to learn about his illness and future treatments he will be participating in. More importantly, the [REDACTED] personnel reassured us, that with taking the correct medications, our son could live a normal life-span, just as an individual without HIV could. Currently, HIV has not prevented him from performing any duty that non-HIV positive airman can perform. As further proof of his dedication

and determination [REDACTED] just recently completed a [REDACTED], with no complications. Based upon my direct and/or indirect observations, discharging Mitchell at this time, based solely on his HIV diagnosis, would be discriminating to both [REDACTED] and all the other HIV personnel honorably serving in the U.S. Air Force.

4. [REDACTED] and I have had many discussions concerning the possibility of the Air Force placing him with an assignment limitation code. Although, his goal is to be fully qualified for worldwide status, he understands that there may be possible restrictions to a small number of countries that bar HIV military personnel from entering their borders. It should be noted that [REDACTED] has already served [REDACTED] [REDACTED] is absolutely an asset to the U.S. Air Force and not only should he be retained, he should be returned to worldwide status!

5. Thank you for the opportunity to provide a letter of support for [REDACTED]. If you have any additional questions, please contact me at [REDACTED] or via e-mail at [REDACTED]

[REDACTED]

# FPEB Exhibit S



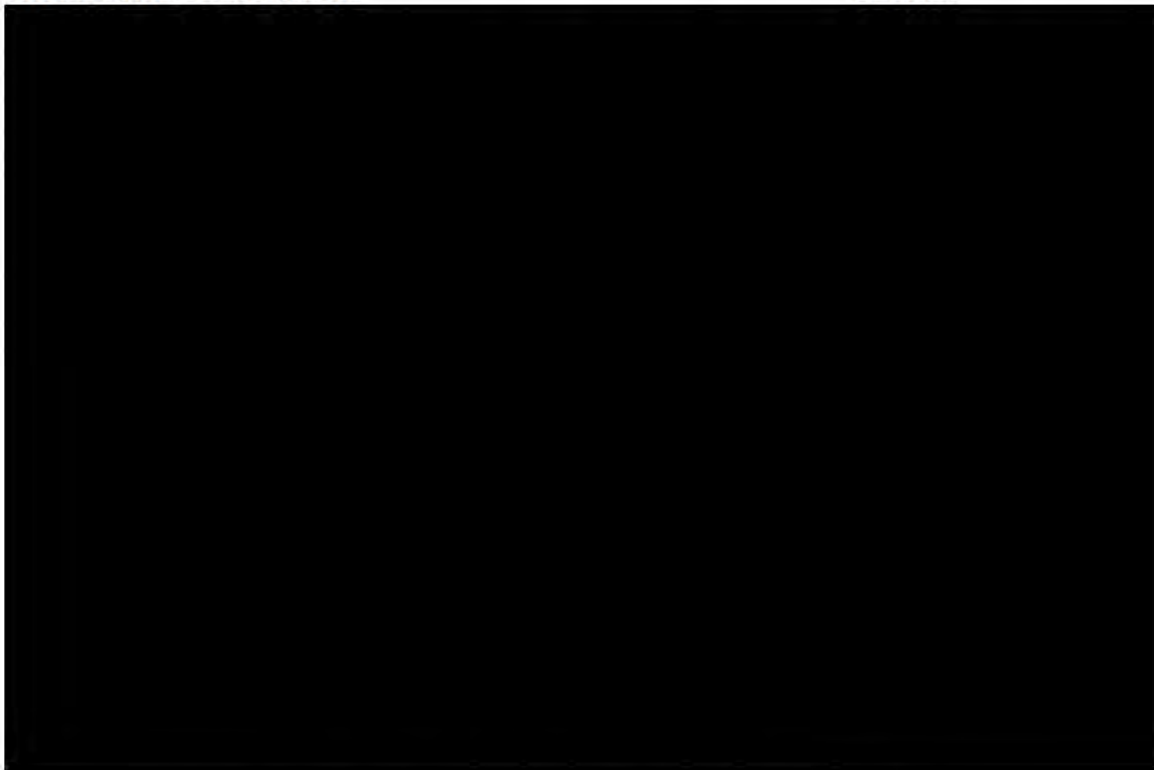
**AWARDS AND DECORATION INFORMATION**

**NAME:** [REDACTED] **RANK:** [REDACTED] **SSAN:** [REDACTED] **DATE:** [REDACTED]

The Air Force Personnel Center files reflect that you are authorized to wear the following awards and decorations. They are listed in order of precedence and displayed as you would wear them on the uniform in accordance with current standards for dress and appearance. There may be unique circumstances (such as prior service in a different branch of the armed forces) which may authorize you additional ribbons and/or devices. For additional information, refer to AFI 36-2803 *The Air Force Awards and Decorations Program*, AFI 36-2903 *Dress and Personal Appearance of Air Force Personnel*, or visit your local military personnel section.

**AWARDS AND DECORATIONS**

**DEVICES**



THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED  
IAW AFI 33-332 AND DOD REGULATION 5400.11.  
PRIVACY ACT OF 1974, AS AMENDED, APPLIES.

# FPEB Exhibit

# T

## AIR FORCE FITNESS MANAGEMENT SYSTEM II MEMBER INDIVIDUAL FITNESS REPORT

*Privacy Act Information - For Official Use Only - Must be protected in accordance with the Privacy Act and AFI 33-332*

<p>Report For: <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>MAJCOM Description <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Installation Name <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Service Component Name REGULAR</p> <p>File Type Name <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Unit Name <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>PAS Code <span style="background-color: black; color: black;">[REDACTED]</span></p>	<p>Report Run: <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Age <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Date Of Birth <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Gender <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Height <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Weight <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Body Mass Index <span style="background-color: black; color: black;">[REDACTED]</span></p>
--	--

Weight	Height	Body Mass Index	Aerobic Time	Abs Score	Push Ups Score	Sit Ups Score	Composite Score
[REDACTED]							

Fitness Level	Composite Score	Current Testing Status	Test Due Date	Composite Exemption
[REDACTED]				

	Component Exemptions	Expires	BE WELL Due Date	
Exemptions	[REDACTED]			

(Fitness History on Next Page)

[REDACTED]

[REDACTED]

Report For: [REDACTED]

[REDACTED]

[REDACTED]

Test Date	Aerobic Time	Aerobic Points	Abdominal	Abs Points	Push Ups	Push Ups Points	Sit Ups	Sit Ups Points	Composite Score	Fit Level
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]



# FPEB Exhibit U

This form is governed by the Privacy Act of 1974. (Blanket PAS 1974, Routine Uses) Disclosure of requested information is mandatory. AFI 33-332

<b>DUTY LIMITING CONDITION REPORT</b>		
Name (Last, First MI) [REDACTED]	RANK [REDACTED]	DATE [REDACTED]
SSAN [REDACTED]	MAJCOM / INSTALLATION [REDACTED]	Squadron / Unit Of Assignment [REDACTED]
Squadron E-Mail Address [REDACTED]	Duty Telephone: [REDACTED] <input checked="" type="checkbox"/> DSN <input type="checkbox"/> Commercial	
HEALTH CARE PROVIDER'S MEDICAL RECOMMENDATION FOR THE SQUADRON COMMANDER		
<input type="checkbox"/> DUTY RESTRICTIONS	<input checked="" type="checkbox"/> MOBILITY RESTRICTIONS	<input type="checkbox"/> 49 / 81
PHYSICAL LIMITATIONS / RESTRICTIONS (DO NOT include medical condition or diagnosis)		
These limitations expire [REDACTED] Not Worldwide Qualified.		
These Limitations expire [REDACTED]		
<b>FITNESS ASSESSMENT RESTRICTION</b> MEMBER CLEARED TO TEST ON: UNIT PT/EXERCISE:		
1.5 Mile Run: N	Run: N	
2 Km Walk: N	Walk: N	
Push-ups: Y	Push-ups: Y	
Situps: Y	Situps: Y	
Abd Circumference: Y	Other:	
DUTY RESTRICTIONS: None.		
This member is undergoing an MEB to determine medical fitness for continued worldwide duty and retention. No PCS, deploy, or mobility assignment until disposition is made and reported on an AF Form 422. This member should not depart home station for TDY or Leave without consulting the medical treatment facility Physical Evaluation Board Liaison Officer (PEBLO). Commanders may inquire about member's status by contacting PEBLO. Specific information about this member's diagnosis and care cannot be released to anyone IAW AFI 10-203, member is required to report any change in medical condition to the Primary Care Manager		
<b>Release Dates: 31      37 11/28/2018 81      MR 11/28/2018 DR      FR 04/21/2018</b>		
Name and Grade of Health Care Provider [REDACTED]	Signature [REDACTED]	Today's Date [REDACTED]
<input type="checkbox"/> 31 (ILLNESS OR INJURY WILL BE RESOLVED WITHIN 31-365 DAYS)	<input checked="" type="checkbox"/> 37 (MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING IAW AFI 41-210)	
Force Health Manager [REDACTED]	Signature [REDACTED]	Today's Date [REDACTED]
Profile Officer Review [REDACTED]	Signature [REDACTED]	Today's Date [REDACTED]
SQUADRON COMMANDER'S REVIEW - MOBILITY RESTRICTIONS NOT VALID WITHOUT SIGNATURE		
Squadron Commander [REDACTED]	Signature [REDACTED]	Today's Date [REDACTED]

# FPEB Exhibit

V

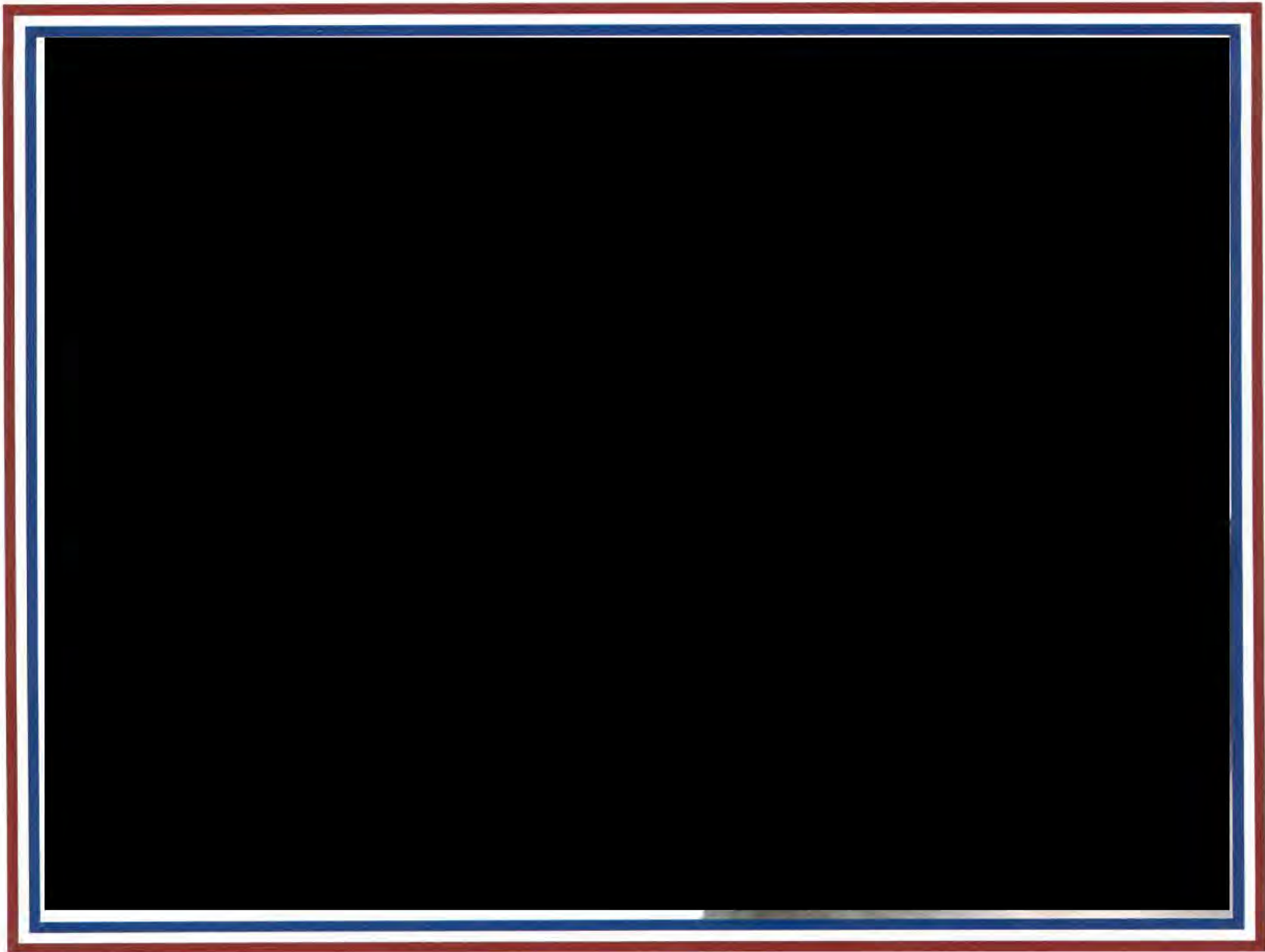
This form is governed by the Privacy Act of 1974. (Blanket PAS 1974, Routine Uses) Disclosure of requested information is mandatory. AFI 33-332

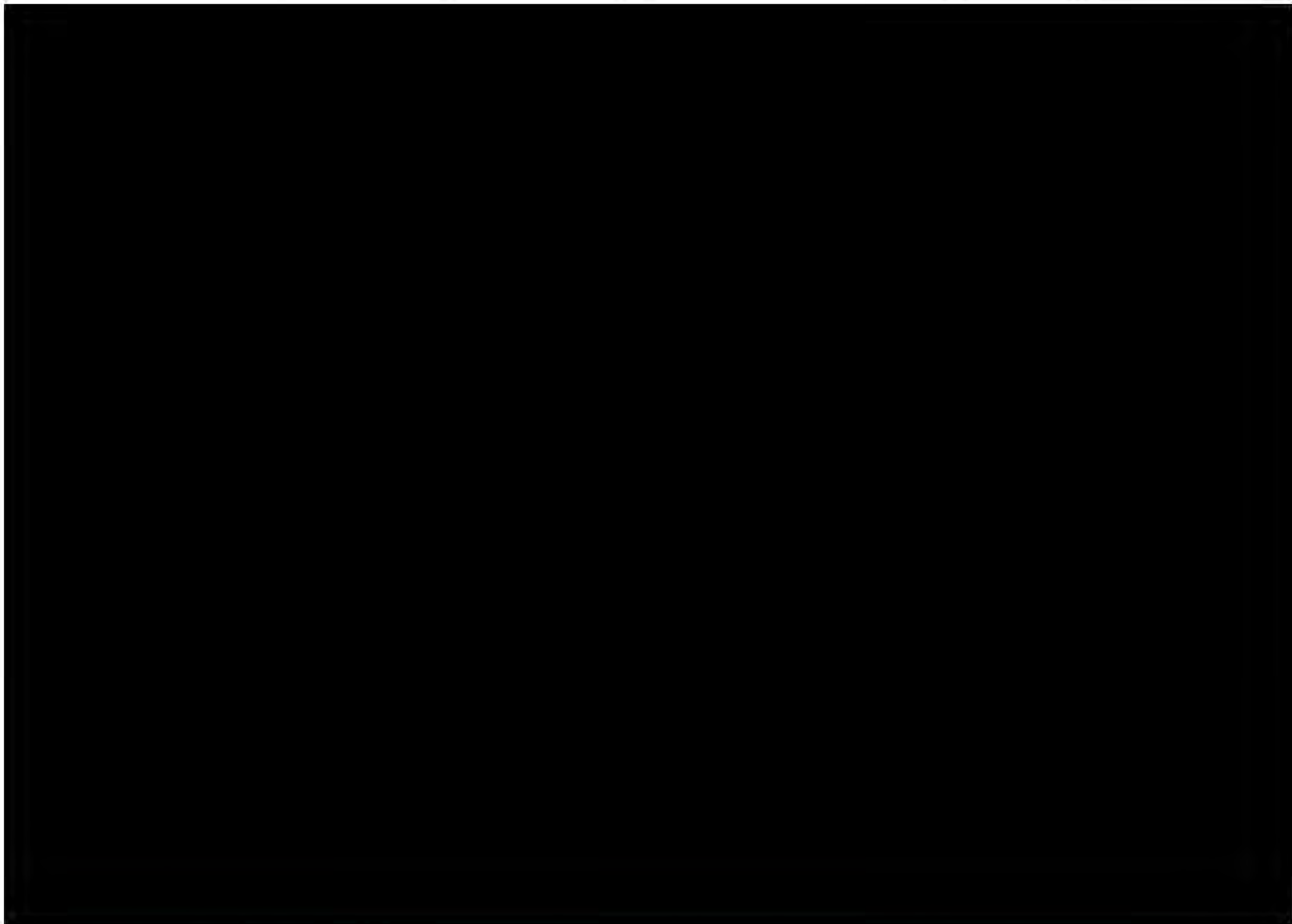
NOTIFICATION OF AIR FORCE MEMBER'S QUALIFICATION STATUS		
Name (Last, First MI)	RANK	DATE
SSAN	MAJCOM / INSTALLATION	Squadron / Unit Of Assignment
Squadron E-Mail Address	Duty Telephone:	
	<input checked="" type="checkbox"/> DSN <input type="checkbox"/> Commercial	
<input type="checkbox"/> DENTAL STATUS - UNKNOWN (CLASS 4)		<input type="checkbox"/> DENTAL TREATMENT - REQUIRED (CLASS 3)
<input checked="" type="checkbox"/> RECOMMENDATION MEMBER IS CLEARED FOR:		FOLLOWING AN MEB, MEMBER RETURNED TO DUTY WITH <input type="checkbox"/> AN ASSIGNMENT LIMITATION CODE "C" AS DETERMINED BY HQ/AFPC SEE RECOMMENDED RESTRICTIONS FOR ADDITIONAL COMMENTS  FHM: Check Appropriate C-Code Category Box Below
<input type="checkbox"/> Overseas PCS <input checked="" type="checkbox"/> Retraining/Special Duty Assignment <input type="checkbox"/> Attendance at USAF PME Course (See AFCAT for Detailed Requirements) <input checked="" type="checkbox"/> Other AFOSI, AFSC 7S0X1		<input type="checkbox"/> Category C-1 <input type="checkbox"/> Category C-2 <input type="checkbox"/> Category C-3  <input type="checkbox"/> NOT APPLICABLE
ADDITIONAL COMMENTS Based upon a medical record review IAW AFI 48-123 and AFECD, member meets all medical requirements for retraining into the following: AFOSI-7S0X1		
I certify member is medically cleared for enlistment, continued military service and fully qualified for world-wide duty IAW AFI 48-123.		
Name and Grade of Health Care Provider	Signature	Today's Date
Force Health Manager	Signature	Today's Date
Profile Officer Review	Signature	Today's Date

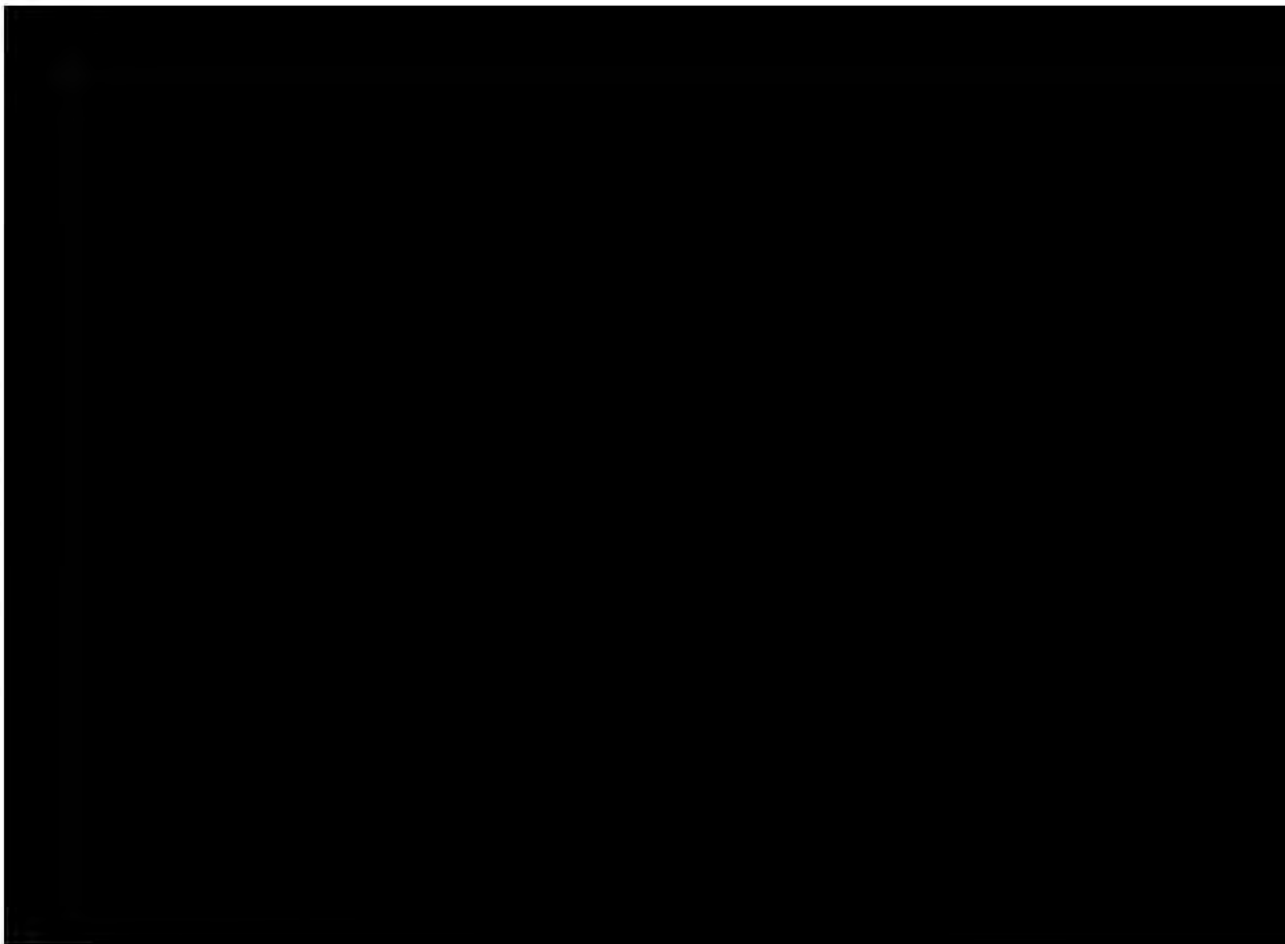


# FPEB Exhibit

# W

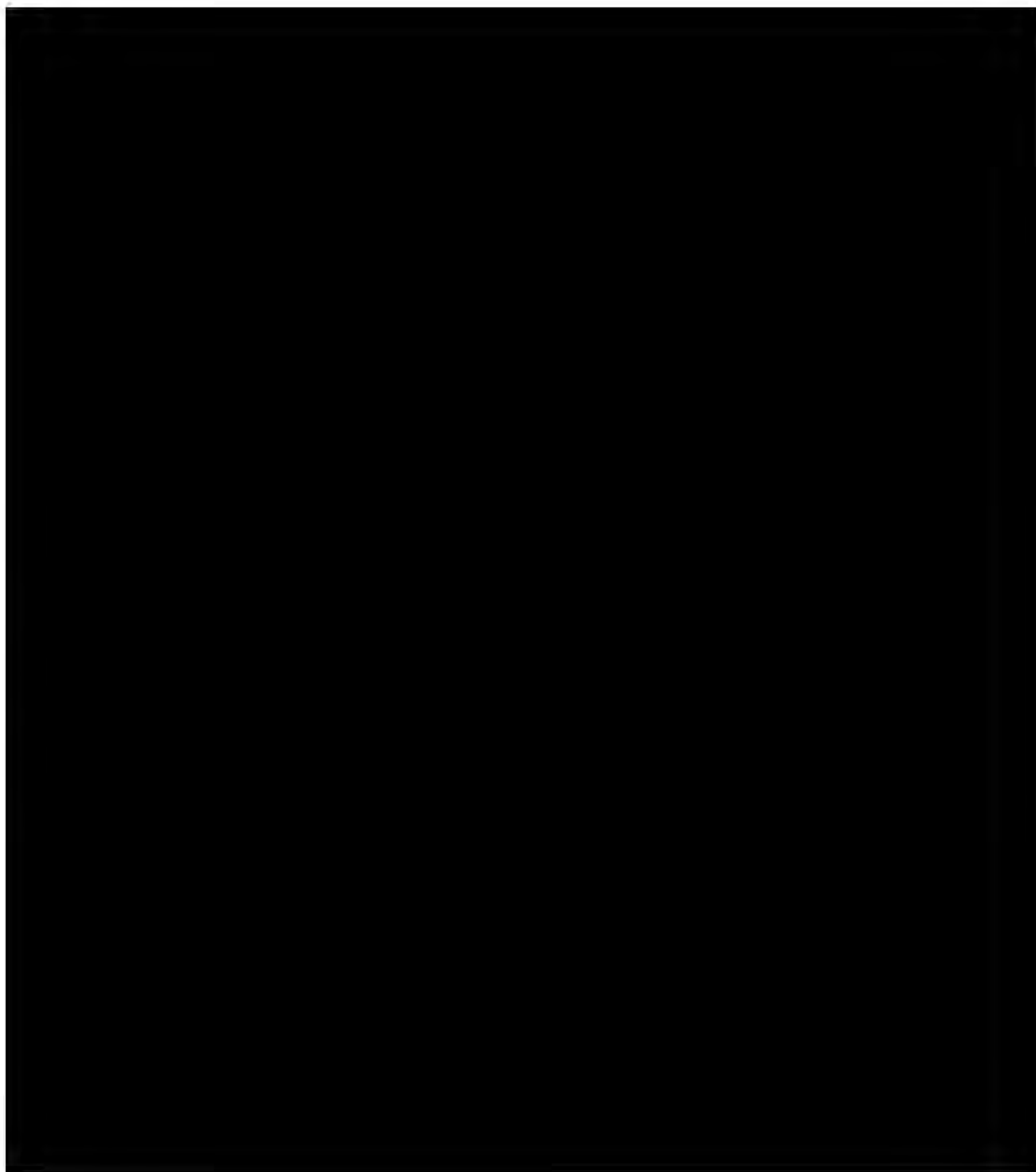






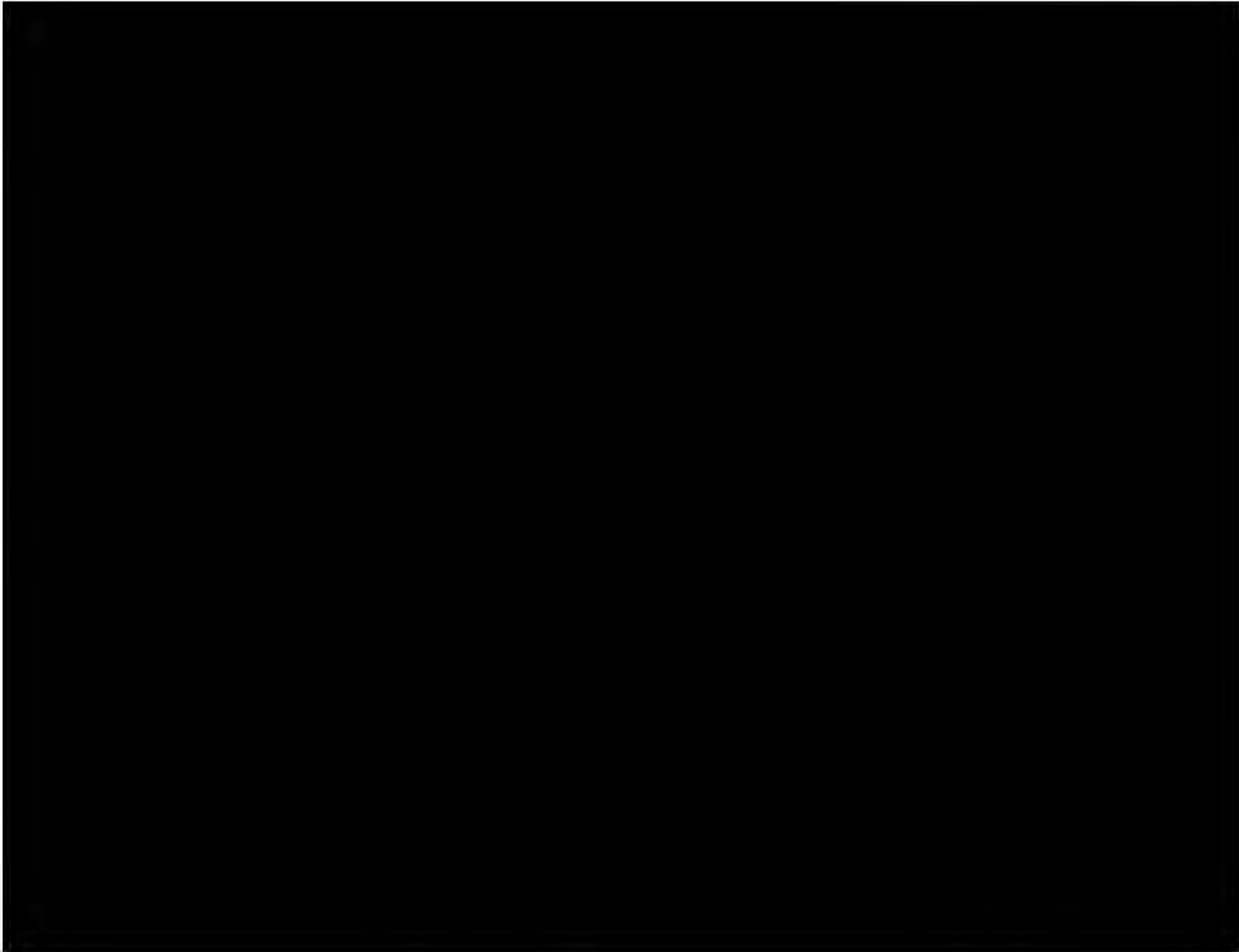




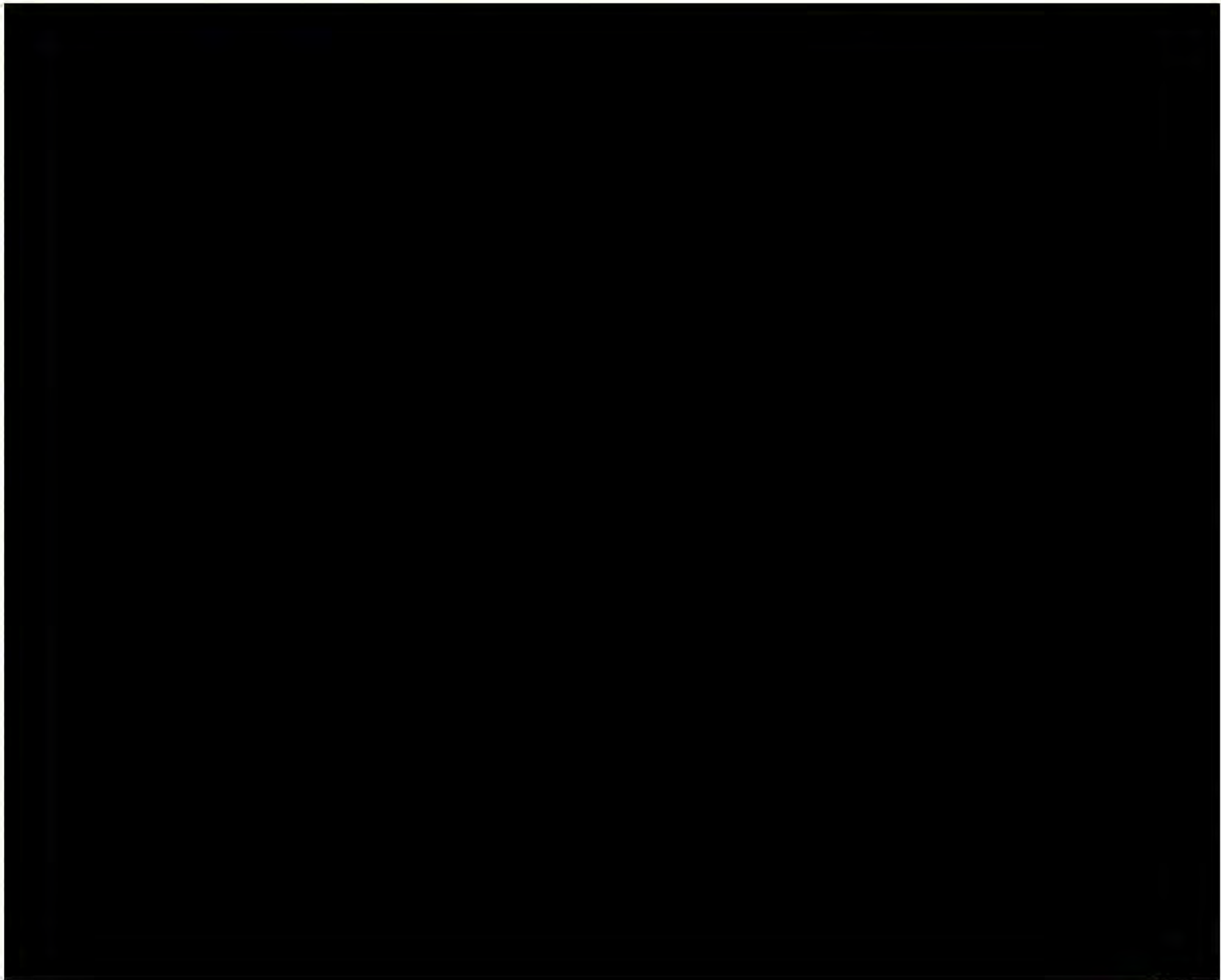




*Global Power for America*

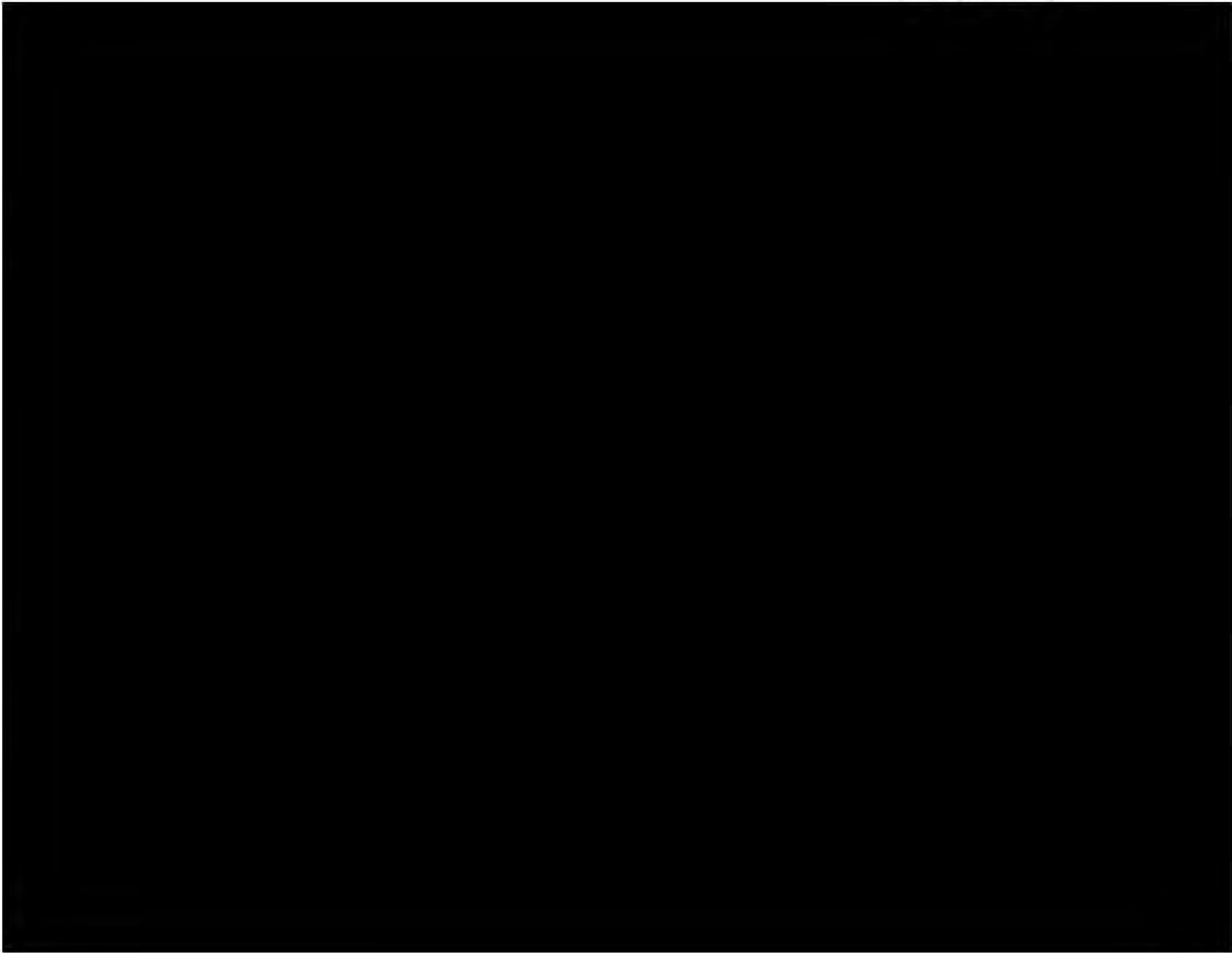


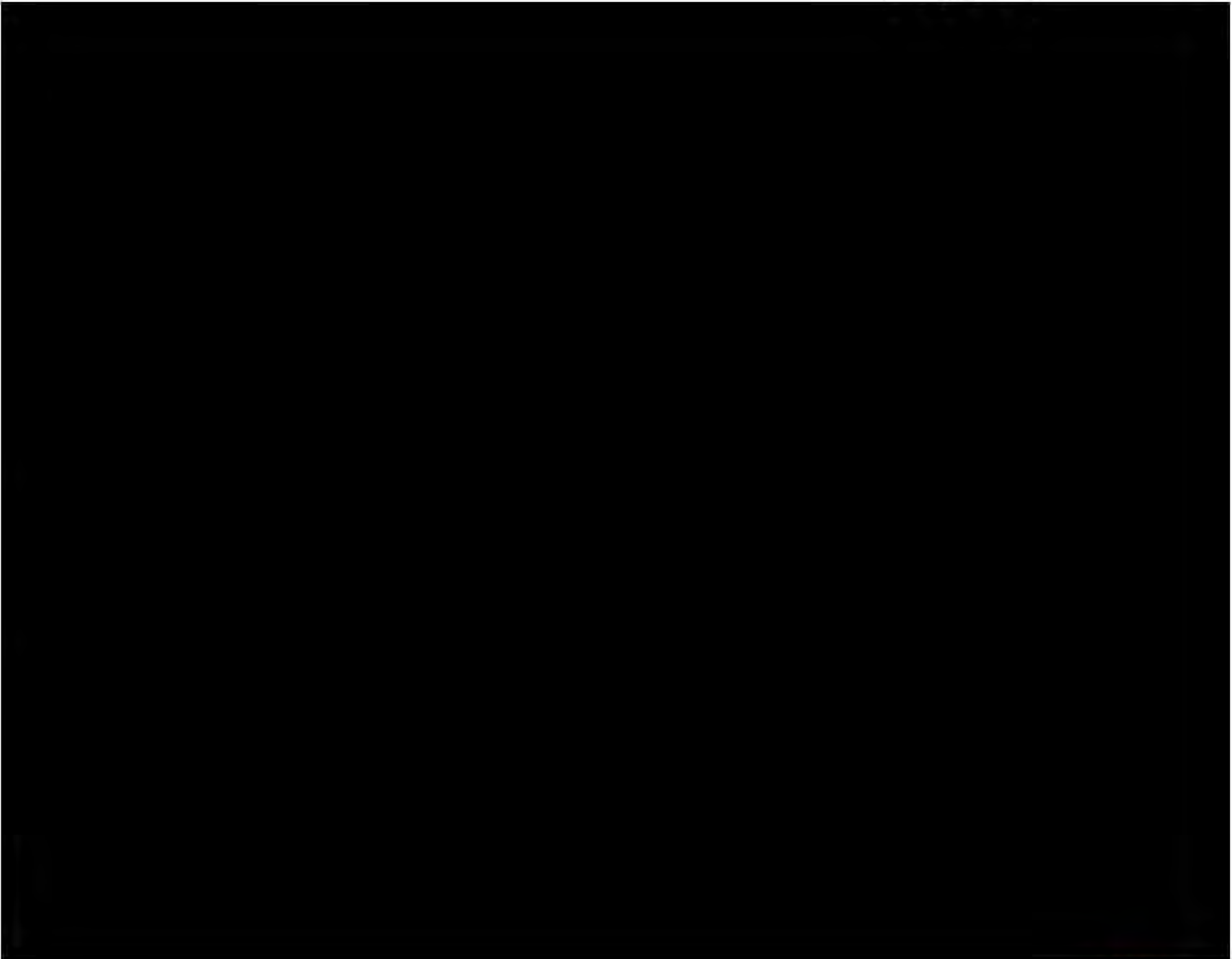


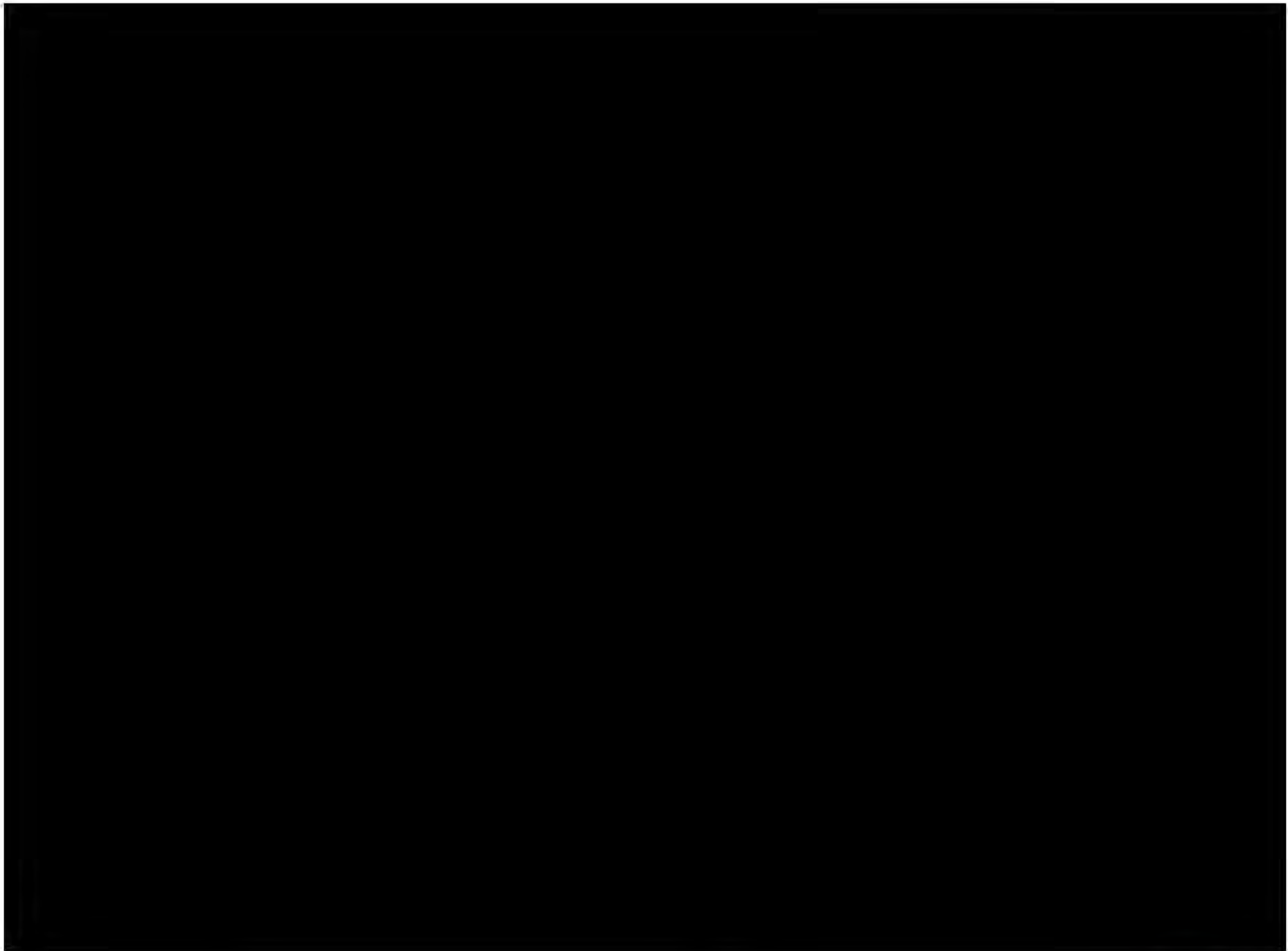


0063

A-00522







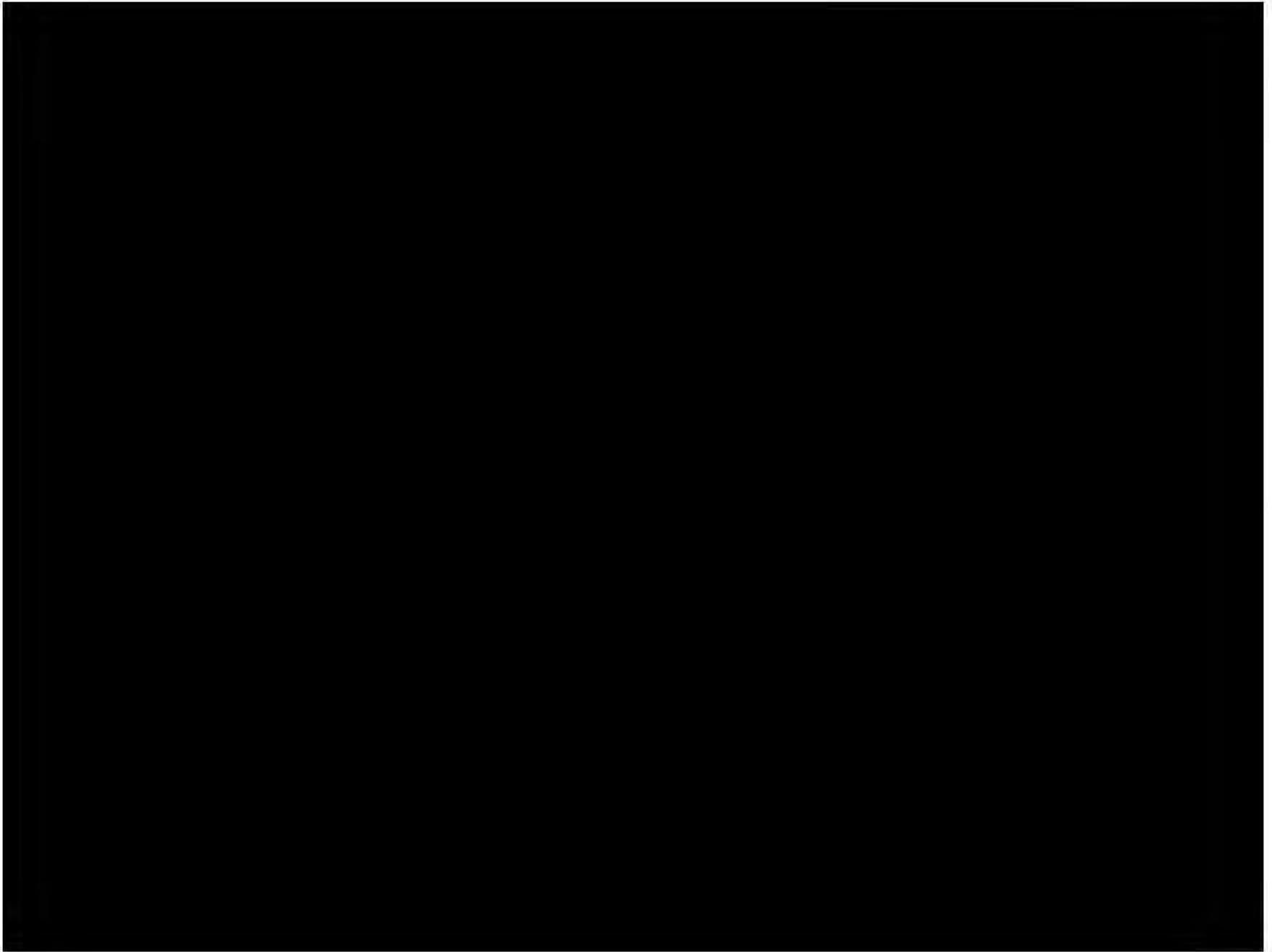


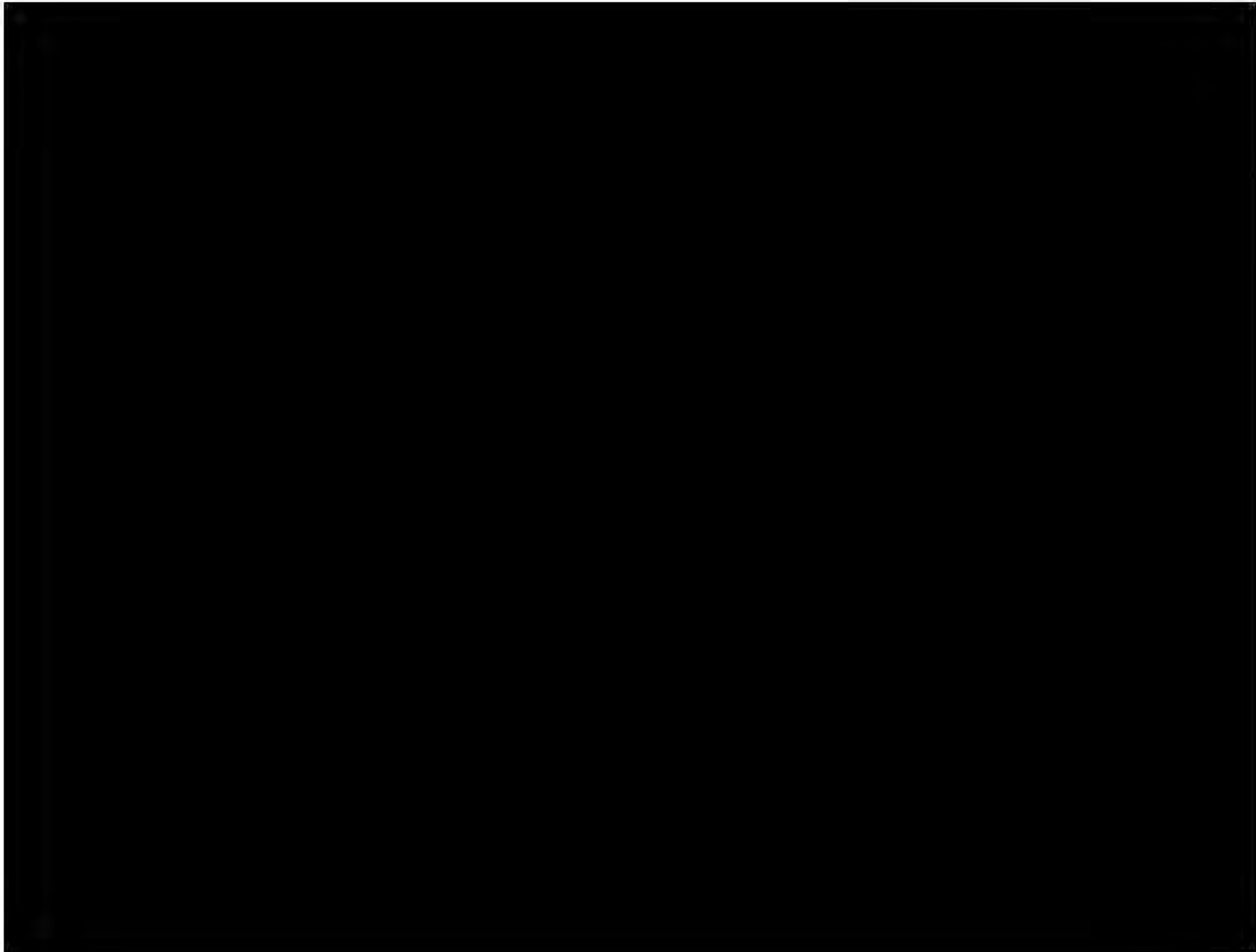


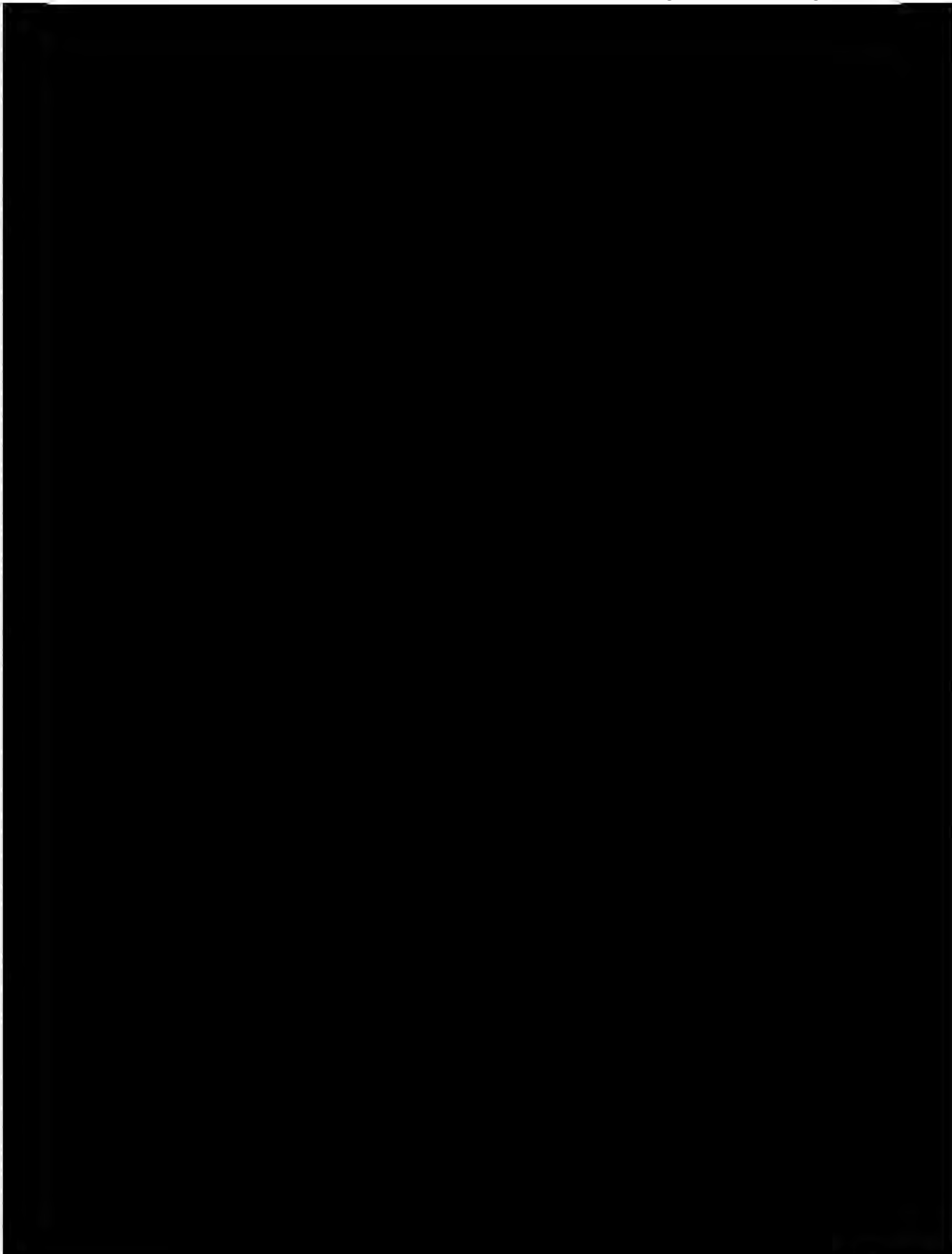


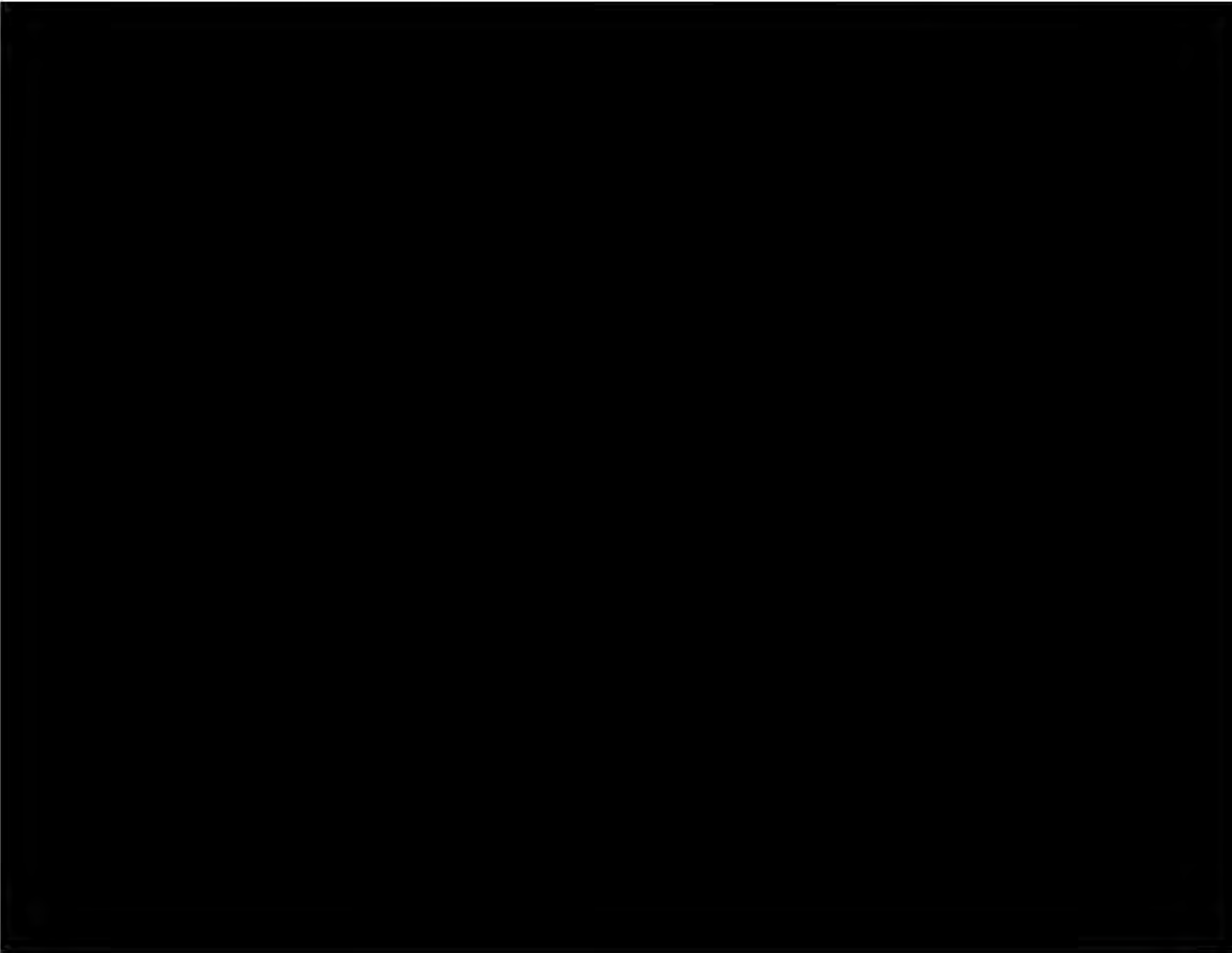
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A-00527







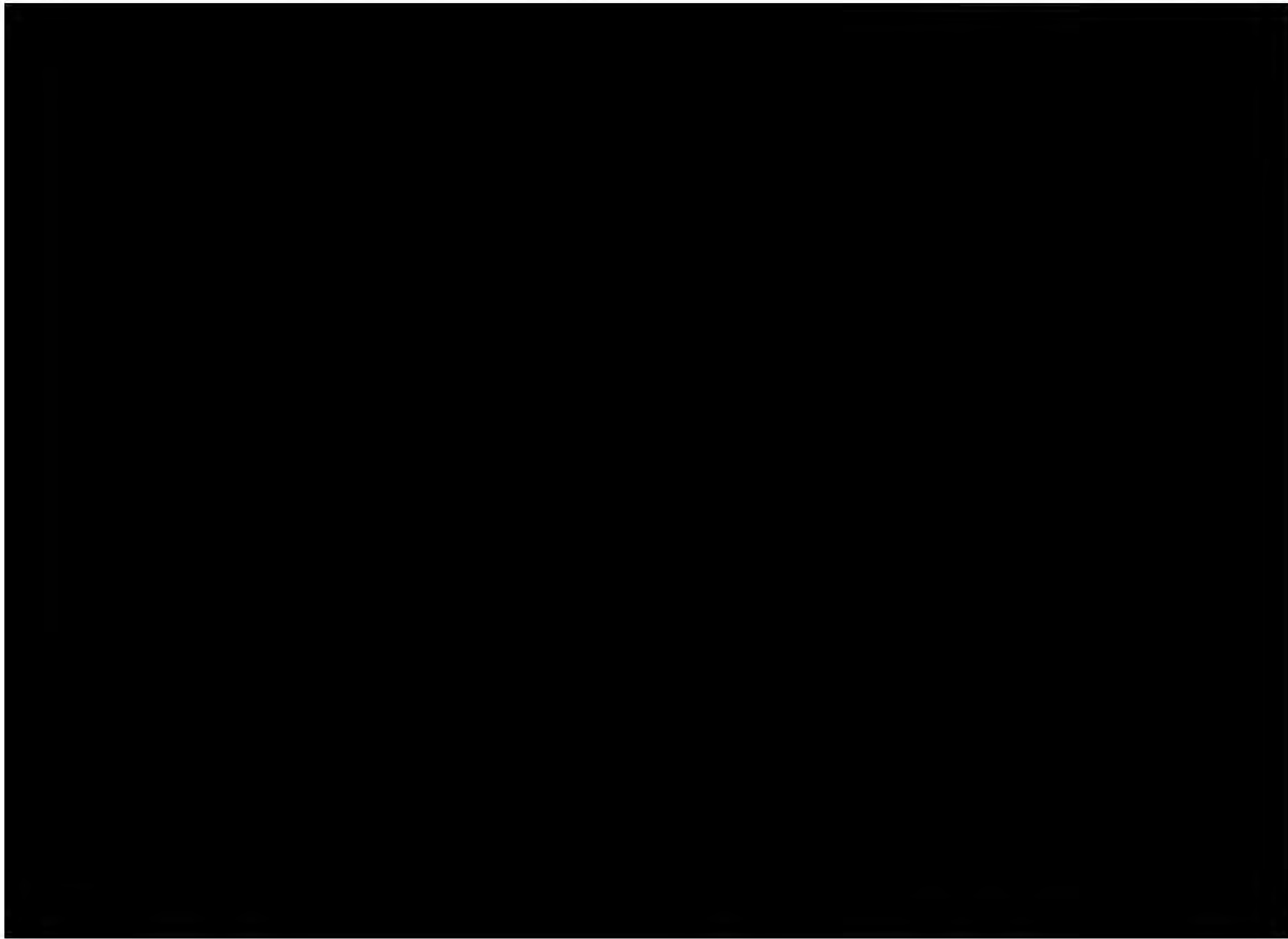


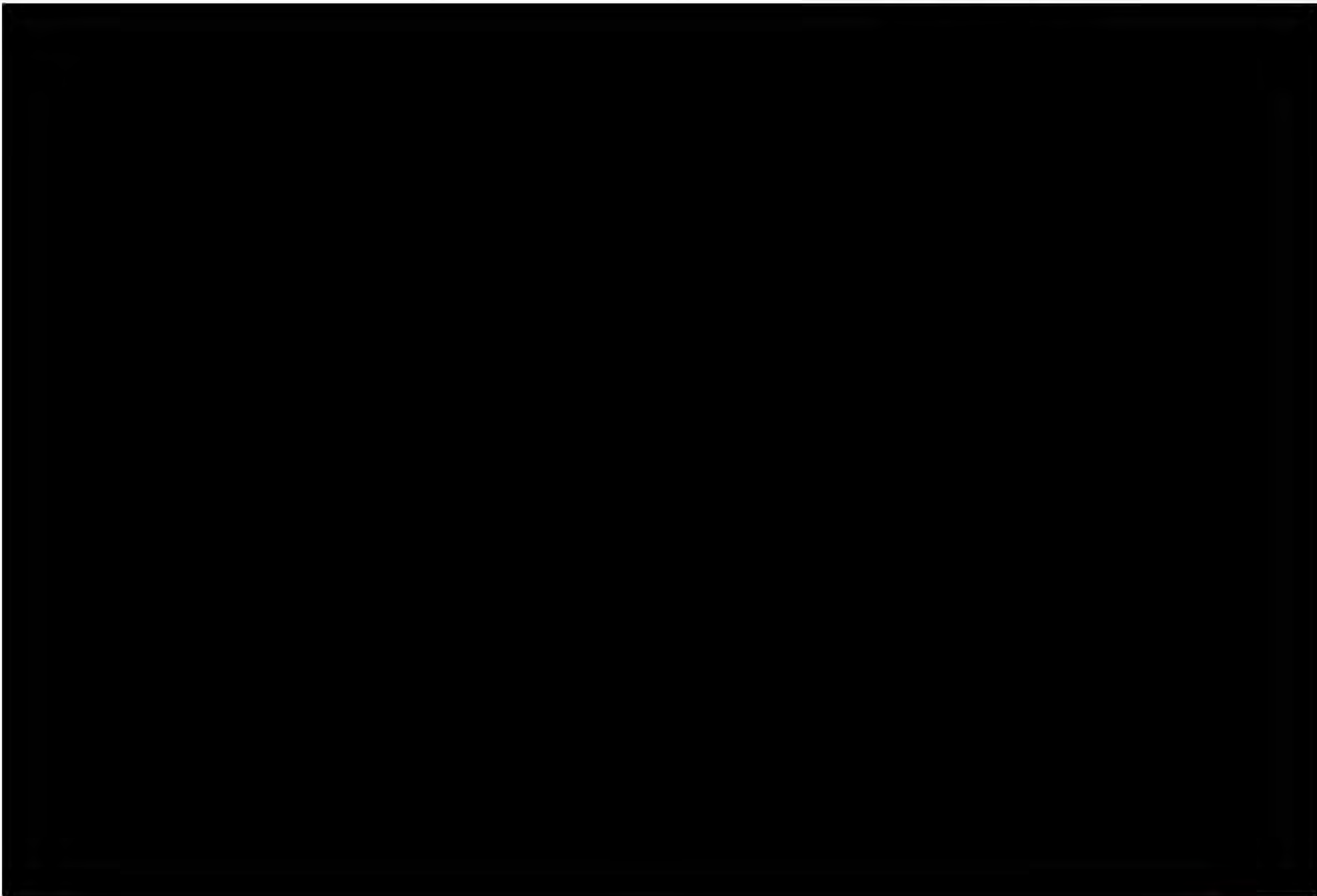


# FPEB Exhibit

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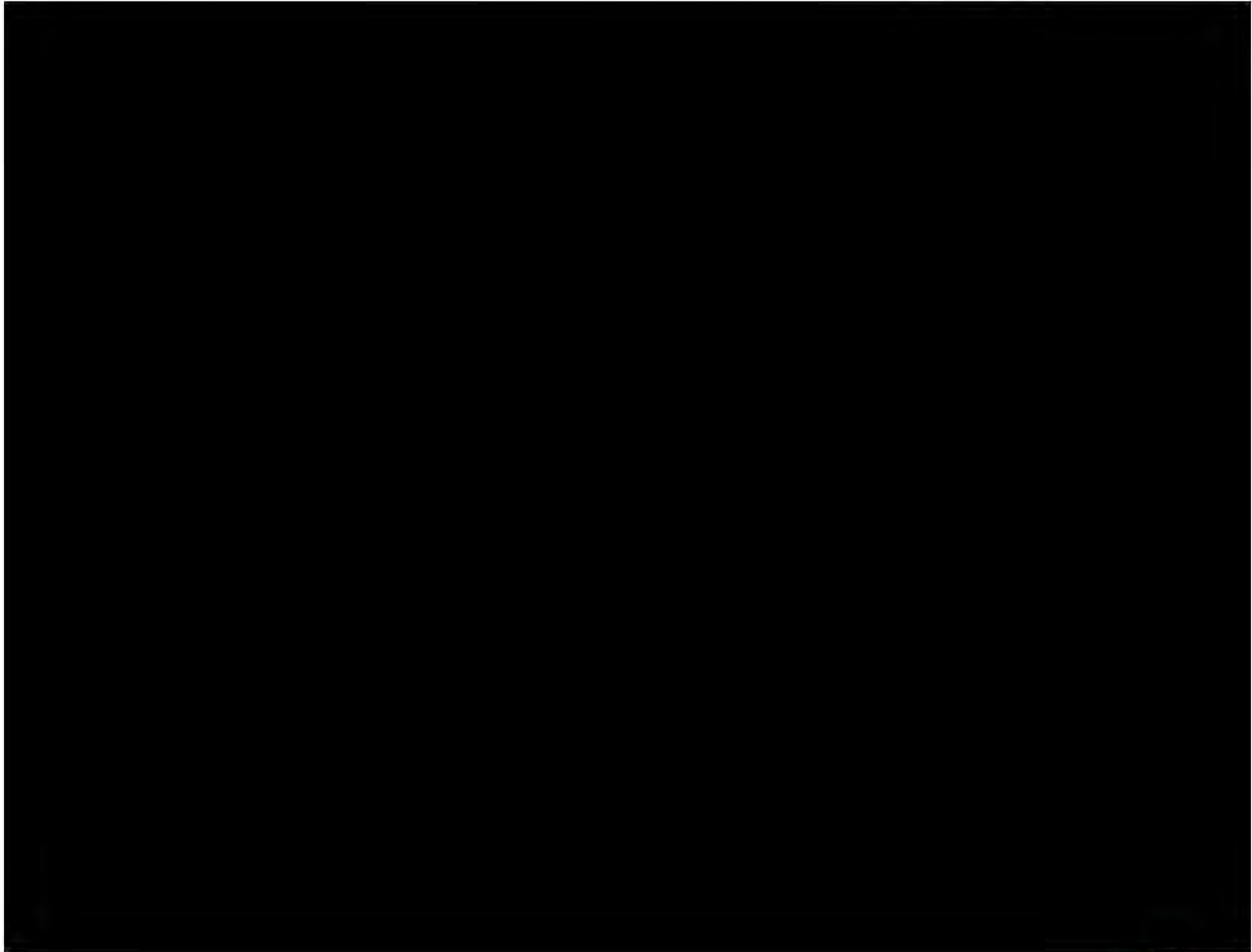






# FPEB Exhibit

Y



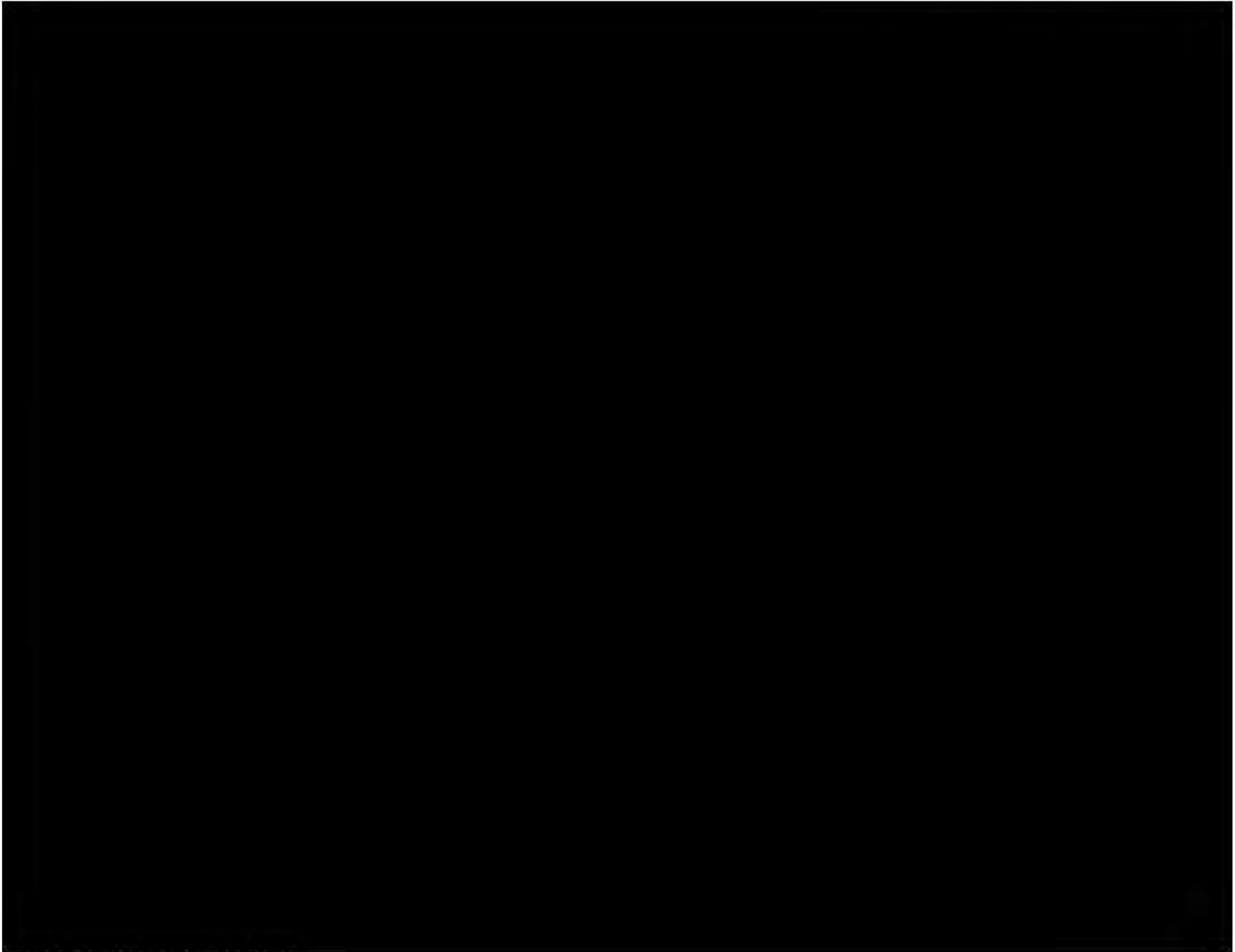
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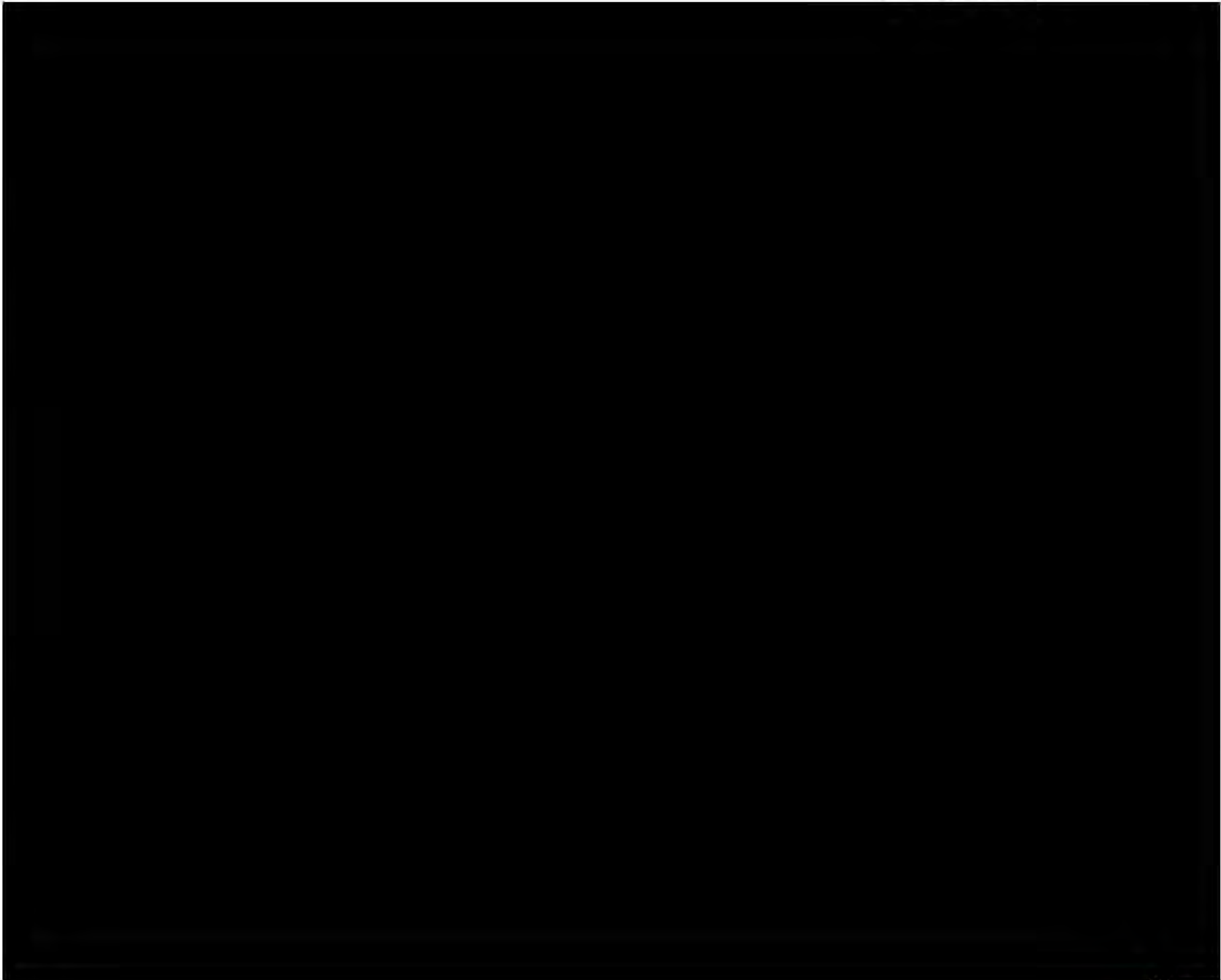
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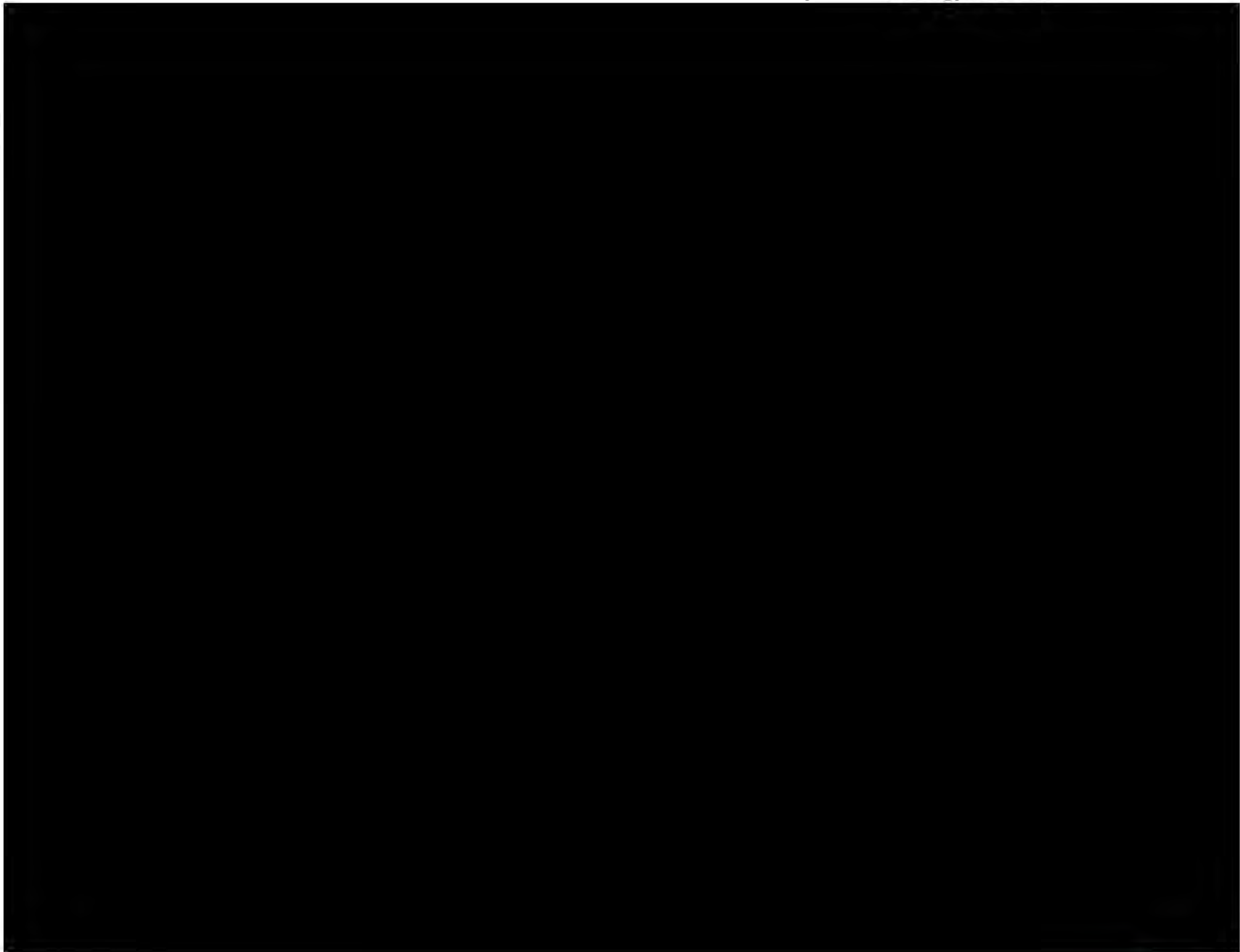














[REDACTED]

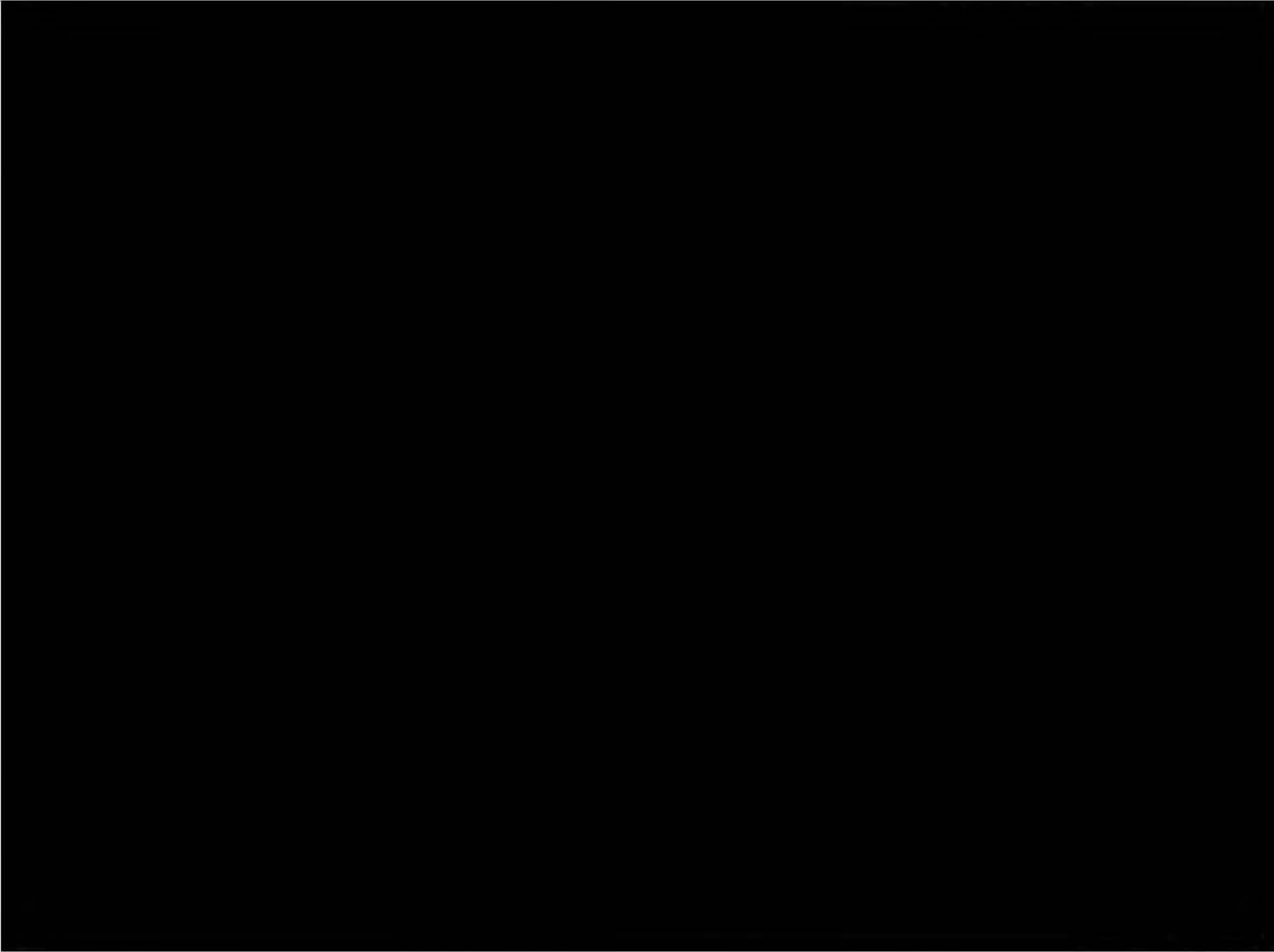
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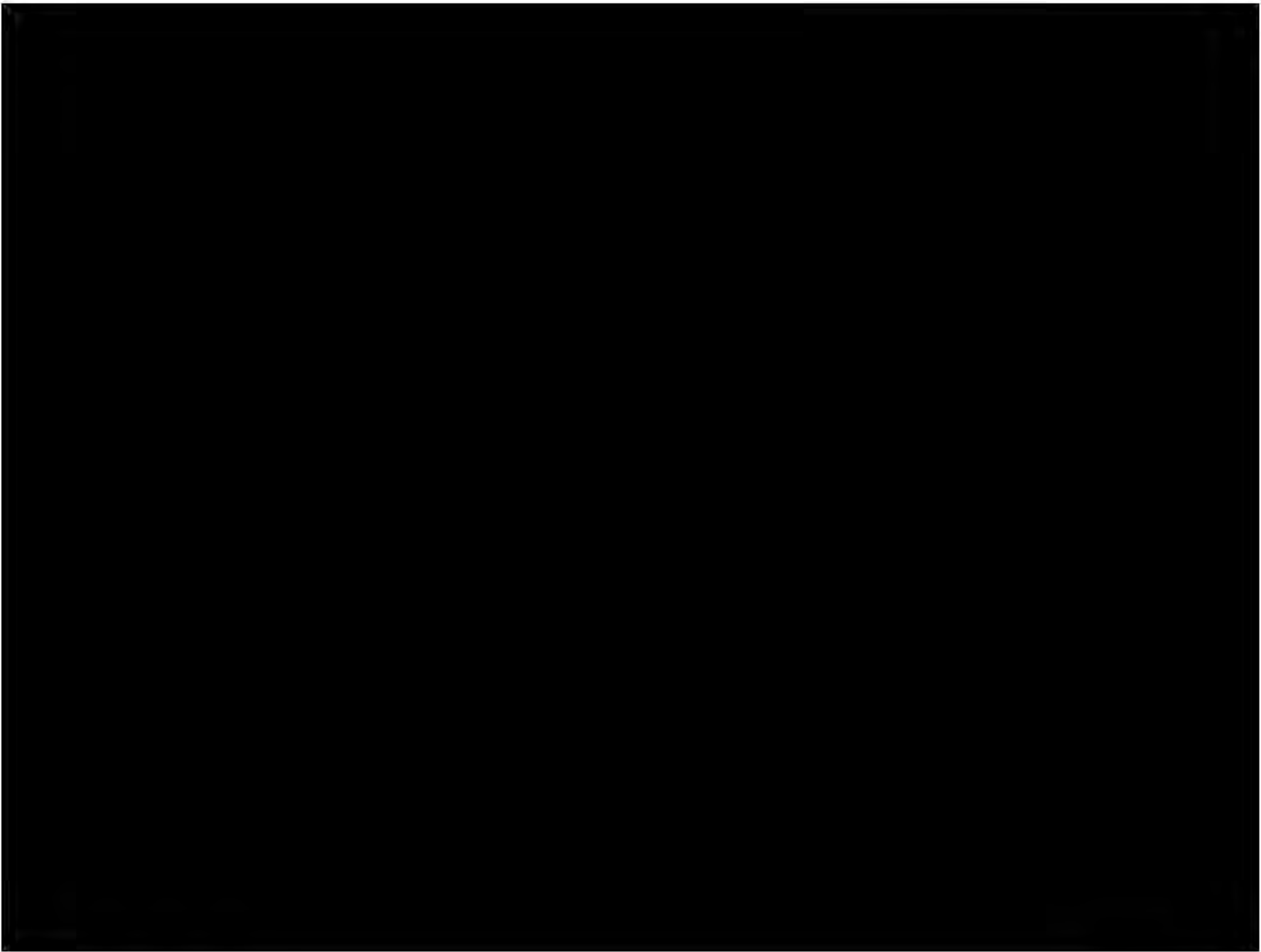
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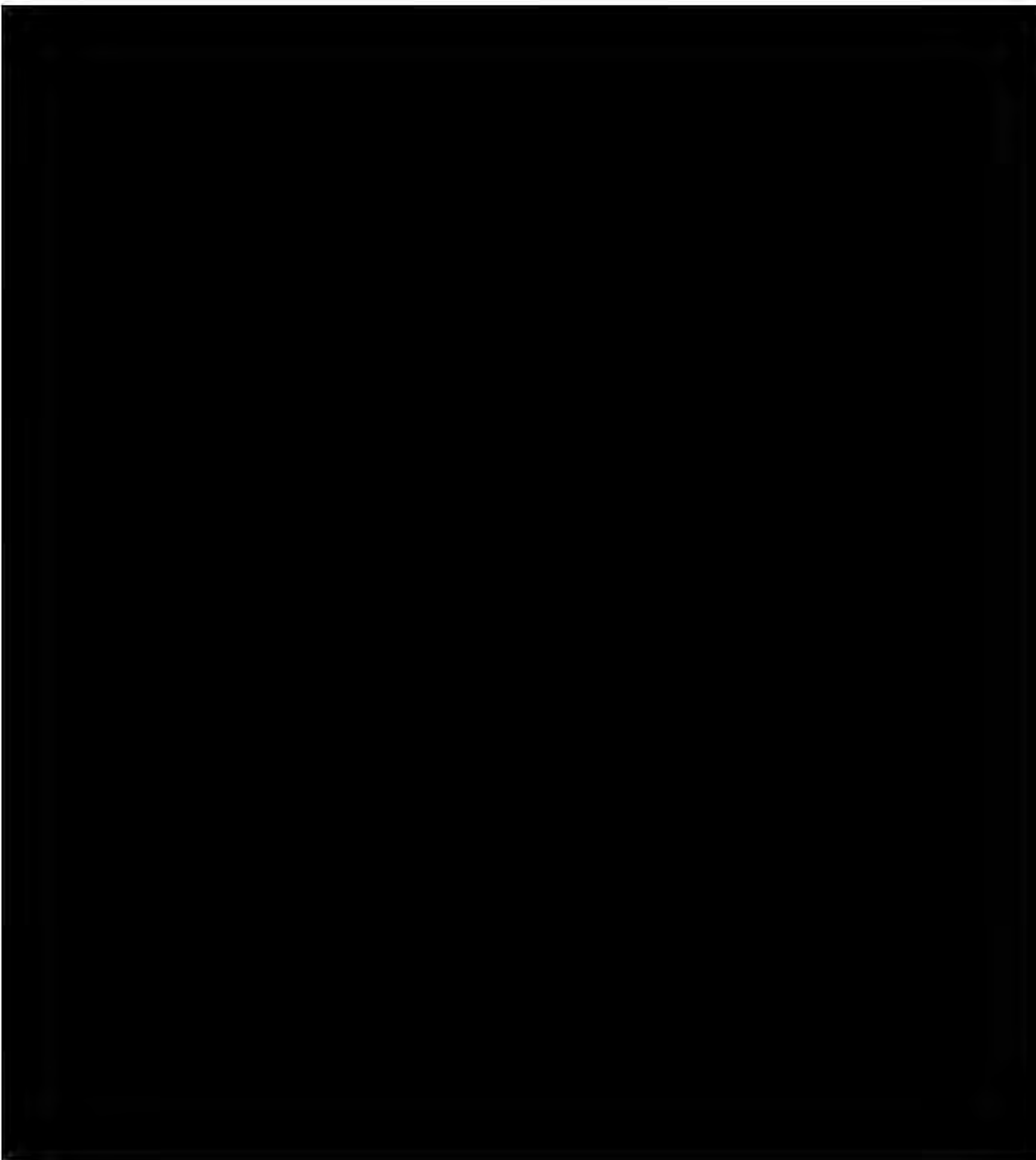
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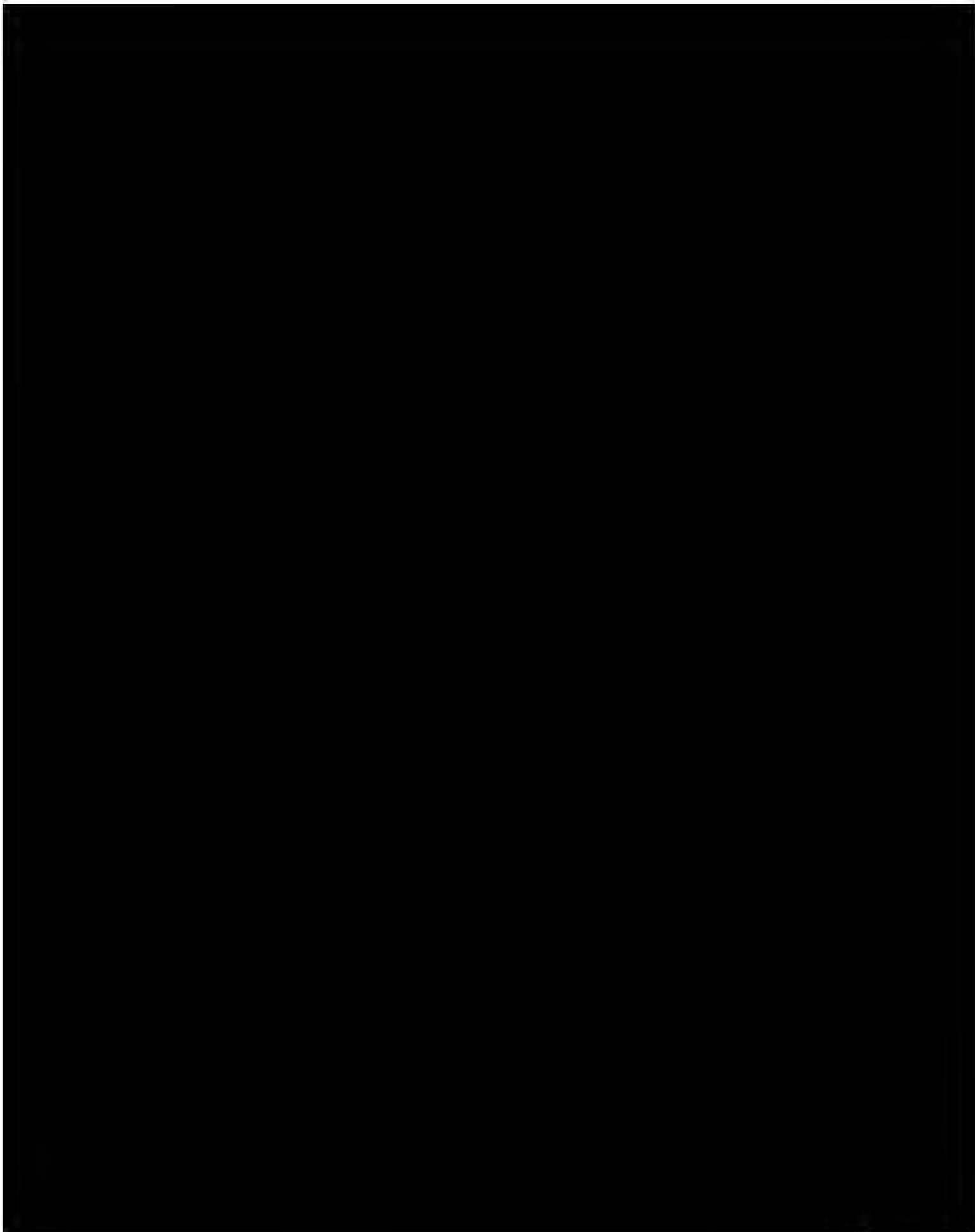
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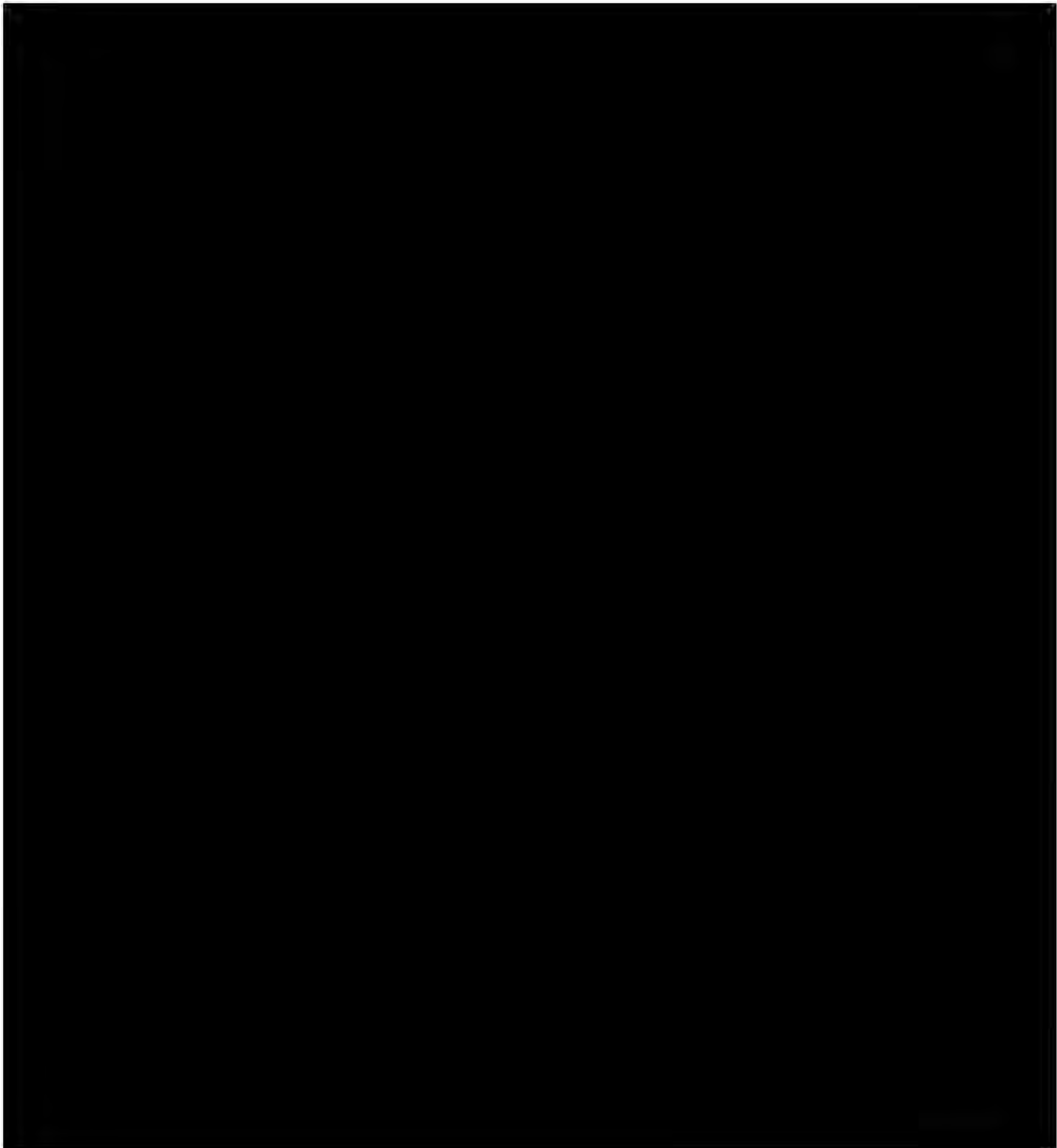












INFORMAL	FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD				DATE: <div style="background-color:black; width:50px; height:15px; margin: 0 auto;"></div>	
<i>PRIVACY ACT STATEMENT</i>						
<p><i>AUTHORITY 10 U.S.C. 8013, Secretary of the Air Force (AF); as implemented by AF Instruction 36-2608 and Executive Orders 9397 (SSN) and 13478.</i></p> <p><i>PRINCIPAL PURPOSE Military personnel records are used at all levels of AF personnel management for actions/processes related to disability evaluation for separation/retirement or retention.</i></p> <p><i>ROUTINE USES Records may be disclosed to the Department of Veterans Affairs for research, processing, and adjudication of claims, and providing medical care.</i></p> <p><i>DISCLOSURE Voluntary. SSN is necessary to ensure positive identification. Refusal to divulge information may delay or halt further processing and may jeopardize entitlement to disability benefits.</i></p>						
1. BOARD CONVENED AT JBSA Randolph AFB TX 78150-4708			2. EXHIBITS ATTACHED: A			
3. MEMBER'S NAME (Last, First, MI) <div style="background-color:black; width:150px; height:15px; margin: 0 auto;"></div>		4. GRADE <div style="background-color:black; width:50px; height:15px; margin: 0 auto;"></div>	5. SSN <div style="background-color:black; width:80px; height:15px; margin: 0 auto;"></div>			
6. COMPONENT: <b>Regular AF</b>		7. 10 USC 1208 SERVICE <b>05</b>		8. APPROVED RETIREMENT/HYT:		
9. FINDINGS CONCERNING INDIVIDUAL CONDITIONS DESCRIBED IN THE RECORDS						
<p>A. DIAGNOSIS</p> <p>B. INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY (Enter "Yes", "No", or "NA" for Not Applicable.)</p> <p>C. LINE OF DUTY OR PROXIMATE RESULT OF PERFORMING DUTY (Enter "Yes" for in line of duty or proximate result, "No" for not proximate result of performing duty (ARC only), "M" for Not LOD - intentional misconduct, "N" for Not LOD - willful neglect, "A" for Not LOD - incurred during a period of unauthorized absence, or "NA" for not applicable)</p> <p>D. DISABILITY COMPENSATION RATING</p> <p>E. VETERANS ADMINISTRATION SCHEDULE FOR RATING DISABILITIES (VASRD) CODE</p> <p>F. COMBAT RELATED DETERMINATION AS DEFINED IN 26 USC 104 (Enter "A" for direct result of armed conflict, "T" for direct result of instrumentality of war, "S" for duty under conditions simulating war, or "H" for while engaged in hazardous service, or "No" if not combat related.)</p>						
A.	DIAGNOSIS	B.	C.	D.	E.	F.
<b>CATEGORY I - UNFITTING CONDITIONS:</b> Human Immunodeficiency Virus (HIV) w/ Pharyngitis		Yes	Yes	10	6351	No
<b>CATEGORY II - CONDITIONS THAT CAN BE UNFITTING BUT ARE NOT CURRENTLY UNFITTING:</b> See NOTE in Block 15						
<b>CATEGORY III - CONDITIONS THAT ARE NOT UNFITTING AND NOT COMPENSABLE OR RATABLE:</b> NONE						
10. ADDITIONAL FINDINGS						
A. MEMBER IS UNFIT BECAUSE OF PHYSICAL DISABILITY					YES	
B. OVERCOMES THE PRESUMPTION OF FITNESS					N/A	
C. CONDITION IS PERMANENT/STABLE					YES	
D. DISABILITY WAS INCURRED IN LINE OF DUTY IN TIME OF WAR OR NATIONAL EMERGENCY OR AFTER 14 SEP 1978					YES	
E. DISABILITY WAS INCURRED IN A COMBAT ZONE OR INCURRED DURING THE PERFORMANCE OF DUTY IN COMBAT-RELATED OPERATIONS AS DESIGNATED BY THE SECRETARY OF DEFENSE (NDAA 2008, Sec 1646)					NO	
11. COMBINED COMPENSABLE PERCENTAGE <b>10</b>			12. RECOMMENDED DISPOSITION <b>Discharge With Severance Pay (DWSP)</b>			
13. NAME OF PEB PRESIDENT OR REPRESENTATIVE <div style="background-color:black; width:100%; height:15px; margin: 0 auto;"></div>			14. SIGNATURE <div style="background-color:black; width:100%; height:15px; margin: 0 auto;"></div>			
CLINICS FOR TDRL EVALUATIONS						
N/A	N/A	N/A	N/A	N/A	N/A	

FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD					
GRADE/NAME: ██████████	SSN: ██████-0260	DATE: ██████			
Continuation of Item 9, FINDINGS CONCERNING INDIVIDUAL CONDITIONS DESCRIBED IN THE RECORDS					
A. DIAGNOSIS	B.	C.	D.	E.	F.
<p><b>15. REMARKS:</b> The Informal Physical Evaluation Board (IPEB) finds the service member's (SM) medical condition prevents him from reasonably performing the duties of his office, grade, rank or rating. Accordingly, the IPEB recommends the SM be discharged with severance pay with a disability rating of 10% IAW the Veterans Administration Schedule for Rating Disabilities (VASRD) guidelines. The SM is a ██████████ submitted for HIV, stage 3, diagnosed in ██████████ with last negative test in ██████████. He reports an illness suggestive of acute retroviral syndrome in ██████████. He was started on antiretroviral therapy in ██████████. The AF FORM 469, Duty Limiting Condition Report, indicated the SM has the following mobility/duty/fitness restrictions: no PCS/TDY/mobility. The IPEB reviewed and considered the SM's comments and multiple letters of support. The SM's commander has indicated the SM is able to function in his primary AFSC and recommends retention. The IPEB acknowledges the commander's recommendation for retention and statement that the SM is able to perform his daily in-garrison duties; however, the IPEB finds the SM's medical condition is subject to sudden and unpredictable progression and will result in deployment restrictions that prevent him from being fully worldwide qualified. Personnel with confirmed HIV infection are disqualified from deploying without a waiver. Additionally, some nations have legal prohibitions against entering their country with this diagnosis. Due to these restrictions, the SM's condition is not compatible with the fundamental expectations of military service. Thus, the IPEB finds the SM's HIV is incompatible with the rigors of military service and unfitting. NOTE: The IPEB has considered all other medical conditions rated by the Department of Veterans Affairs related to the SM's military service as required under the Integrated Disability Evaluation System. The Board finds these conditions are currently not unfitting for duty separately or collectively.</p>					



NO ADMIN

[REDACTED]

PERSONAL DATA - PRIVACY ACT OF 1974 (USC 552a)

RS: 10 FUNC-CAT: A HS0JFTWR  
DOR: DUTY PH:  
MPF: OFF-SYM:  
DAS: \*\*\* SEPARATION DATA \*\*\*  
REQUESTED APPROVED

\*\*\*\*AFSC\*\*\*\* \*\*SERVICE DATES\*\* RET/SEP DATE:  
CAF: DOB:  
PAF: PAY DT:  
2AF: TAFMSD:  
1405 DT  
EAD:  
DOS:  
\*\*PROMOTION\*\* DOS PREV: RSN:  
GR PRJ/NR: DIEMS: 2  
SVC-COMP: R TOE:  
REG DT: DOE:  
COMP-CAT: ADMIN-HLD:NO MED-HLD:NO  
BTZ: MEMO-DT:  
SOC: VSI/ER:  
MSO: 8 SEPIND:  
ADV\_DT: STAT-ID:  
ADV-GRD/CD: / DEROS/RSN: SEP-ID:  
ELIG-STAT: X ELIG - ELIGIBLE FOR SELE CHG/CANX/FLAG:  
\*\* PRJ RES/GUARD PAS \*\* APR-LVL/CHAR:  
PAS: OVER-4/SPEC-PAY:  
AFR SEC ID: RMK:

\*\*\*\*\* RESTRICTIONS \*\*\*\*\* \*\*\*\*\* PRJ ASGMT \*\*\*\*\*  
ADSCD-1: RNLTD:  
ADSCD-2: ASG/NOTIF:  
ADSCD-3: PROJ PAS:  
AAC-1: ALC-1: ADN: 004  
AAC-2: ALC-2: PPC1:  
AAC-3: ALC-3: PPC2:  
AEFI: X3 AEFI VULNERABILITY PERIOD:  
EXCLUSIONS:  
UIF: WMP:  
PME LAST/YR: EPR: AC AC 5B 5B  
EDUC: COM  
LOST DAYS: 0 ACF: \*\*\* DUTY STATUS \*\*\*  
\*\*\*\*\* DUTY INFO \*\*\*\*\* 00-PRESENT FOR DUTY  
DMS CRAFTSMAN EFF:  
DAFSC: END:  
DTY-EFF-DT: SPD TRACER PREV:

\*\*\*\*\* PERSONAL DATA \*\*\*\*\* \*\*RETIREMENT PLAN INFORMATION \*\*  
MARITAL STATUS: Retirement Plan Code:  
# DEPENDENTS IN HHL: BRS ACK DATE:  
CORE ID: BRS Training Comp Date:  
Opt-In Election Code:  
Opt-In Election Date:

\*\*\* BRS LUMP SUM INFORMATION \*\*\*  
BRS Lump Sum Election: BRS Lump Sum Election Date:  
BRS Lump Sum Percentage : BRS Lump Sum Installments:

[REDACTED] - PRIVACY ACT OF 1974 (USC 552a)

OFFICER GRADE HISTORY

NAME: [REDACTED] SSAN: [REDACTED]

\*\*\*\*\*PROJECTED GRADE DATA\*\*\*\*\*

TEMP-PROJ: FY: SEQ:  
PERM-PROJ: FY:

\*\*CURRENT GRADE DATA\*\*

CURRENT-GR: GR DOR-DT EFF-DT  
PERM-GRADE:

\*\*\*\*\*HISTORY\*\*\*\*\*

GR HIST-01: GR DOR-DT EFF-DT RSN  
GR HIST-02:  
GR HIST-03:  
GR HIST-04:  
GR HIST-05:  
GR HIST-06:  
GR HIST-07:  
GR HIST-08:  
GR HIST-09:  
GR HIST-10:

**CHECKLIST FOR MEDICAL EVALUATION BOARD CASES REFERRED TO PHYSICAL EVALUATION**

Complete all items & include checklist with MEB package. Call AFPC/DPFDD at DSN 665-5319 or (210) 565-5319 for assistance.

Last/First Name	Rank	SSN not allowed per	Date	VTA:	
<b>PEBLO INFORMATION</b>					
[REDACTED]				YES or N/A	
				AAC 37 UPDATED	Yes
				Tech School Student	N/A
				Basic Trainee	N/A
				Cadets	N/A
				DEROS <6 months	N/A
				Expedite Request Memo (MTF/CC or designee)	N/A
				(Please insert Expedite memo behind checklist)	
				Referral Date:	
				MEB End Date:	
(required for all IET & Non-IET requested LDES)					
YES	NA	REMARKS			
1. AF 618 - MEB Report, per AF141-210, para 4.62.5	<input checked="" type="checkbox"/>				
AF 618 - Item 2 Date Convened	<input checked="" type="checkbox"/>				
AF 618 - Item 23 B -Date of Origin noted for each condition	<input checked="" type="checkbox"/>				
AF 618 - Item 26 Psychiatrist indicated (if applicable)	<input checked="" type="checkbox"/>				
Administrative LOD	<input checked="" type="checkbox"/>				
DA Form 3947 or NAVMED Form 6100/1-2 TriService MEB		X			
2. LDES Selection Statement Memo - Bookmark	<input checked="" type="checkbox"/>				
3. Commander's Letter, dated & signed---Bookmark	<input checked="" type="checkbox"/>		NOT NEEDED FOR BMTS		
4. Impartial Review Election	<input checked="" type="checkbox"/>				
Impartial Review		<input checked="" type="checkbox"/>			
MEB rebuttal letter		<input checked="" type="checkbox"/>			
MEB convening authority response		<input checked="" type="checkbox"/>			
5. Letter of Exception	<input checked="" type="checkbox"/>				
6. DES Fact Sheet Acknowledgement Page	<input checked="" type="checkbox"/>				
6. Letter of Intent for Med Hold (Enlisted only & within 6 mos/DOS)		<input checked="" type="checkbox"/>			
7. DD Form 2499, Health Care Provider Action Report		X			
8. Waiver Ltr from DPANM (med persons boarded at their own MTF)		X			
9. Post Deployment Assessment Worksheet		<input checked="" type="checkbox"/>			
10. AF Form 469 - Duty Limiting Condition Report ---Bookmark	<input checked="" type="checkbox"/>				
11. SF Form 502/AHLTA NARSUM ---Bookmark (dated & signed or cosigned by MD, DO, MC)	<input checked="" type="checkbox"/>				
DBQ Reconciliation Statement (following the NARSUM) (dated & signed or cosigned by MD, DO, MC ) ---Bookmark	<input checked="" type="checkbox"/>				
12. DoD/VA Referral Form 21-0819 & 21-526EZ (provide all pages of signed form & (required for all cases EXCEPT IET and Non- IET requested LDES)	<input checked="" type="checkbox"/>				
13. DBQ or C&P ---Bookmark	<input checked="" type="checkbox"/>				
Asthma - current PFTs ---Bookmark		<input checked="" type="checkbox"/>			
Mental Health case - Psychiatry consult ---Bookmark		<input checked="" type="checkbox"/>			
Orthopedic Case - Range of Motion ---Bookmark		<input checked="" type="checkbox"/>			
14. Consultations	<input checked="" type="checkbox"/>				
Special studies relevant to case (put in order by date)	<input checked="" type="checkbox"/>				
Supporting civ med docs for ARC members (put in order by date)	<input checked="" type="checkbox"/>				
15. Previous AF 618s (within one year of current MEB)		X			
16. Copy of DD Form 2808, Report of Medical Examination <8 yrs.	<input checked="" type="checkbox"/>				
17. Copy of DD Form 2807-1, Report of Medical History < 8 yrs.	<input checked="" type="checkbox"/>				
18. AF Form 348 or DD Form 261 Line of Duty --Bookmark		X			
19. Orders showing ARC mbr duty status (UTA, etc), current AGR orders and/or DD Form 214 @ time of the origin date of illness, injury, disease ---Bookmark		X			
20. Additional Documentation		X			
Grade determination documentation - Bookmark		X			
Next of Kin Information VRAD		X			

May 2017



MEDICAL BOARD REPORT <i>(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)</i>				1. INSTALLATION AT WHICH CONVENED 49 MDG, Holloman AFB		2. DATE CONVENED						
3. NAME (Last, First, Middle Initial)			4. GRADE		5. SSN		6. COMPONENT					
7. DEPT OR SERVICE USAF		8. ORGANIZATION		9. SEX	10. DATE OF BIRTH (Yr, Mo, day)		11. AGE					
12. SEPARATION/ RETIREMENT DATE	13. HOSPITAL INITIALLY ADMITTED		14. TRANSFERRED FROM		15. HOME ADDRESS							
N/A	N/A		N/A		N/A							
16. MILITARY OCCUPATIONAL SPECIALTIES		17. TOTAL YEARS MILITARY SERVICE	18. DATE ENTERED AD CURRENT TOUR		19. AERO RATING							
TITLE	CODE	ACTIVE	INACTIVE	N/A		N/A	N/A					
N/A	N/A	N/A	N/A	20. ON FLYING STATUS ON ADMISSION		YES	NO					
N/A	N/A	N/A	N/A	21. DATE RELIEVED FROM FLYING STATUS								
22. BY DIRECTION OF THE APPOINTING AUTHORITY, THE BOARD CONVENED TO CONSIDER THE CASE OF THE ABOVE NAMED MEMBER.												
A. UNDER PROVISIONS OF THE FOLLOWING DIRECTIVES:				B. FOR THE PURPOSE OF:								
<input checked="" type="checkbox"/> AFI 44-113 AND 48-123	<input type="checkbox"/> MANUAL FOR COURTS-MARTIAL	<input type="checkbox"/> CONTINUED ACTIVE DUTY		<input type="checkbox"/> EPTS DEFECTS								
<input type="checkbox"/> OTHER (Specify)	<input checked="" type="checkbox"/> SEPARATION/RETIREMENT	<input type="checkbox"/> OTHER (Specify)										
23. DIAGNOSIS AND FINDINGS												
AFTER CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION, THE BOARD ESTABLISHES THE FOLLOWING DIAGNOSIS (List all diagnoses, in accordance with applicable directives, which contribute or may contribute to make the qualifications of the individual for worldwide duty questionable. Include any competency determinations (DFAS-DE MANUAL 177-173).					APPROXIMATE DATE OF ORIGIN		INCURRED WHILE ENTITLED TO BASIC PAY		EXISTED PRIOR TO SERVICE		PERMANENTLY AGGRAVATED BY SERVICE	
					YES	NO	YES	NO	YES	NO	YES	NO
A					B		C	D	E	F	G	H
HIW					[REDACTED]		X			X	X	
Admin LOD: Yes												
24. SANITY DETERMINATION (To be completed for sanity board cases only.) (Manual for Courts-Martial)										YES	NO	
A. IS THIS A DISEASE OR DEFECT OF THE MIND AS DISTINGUISHED FROM A CHARACTER DEFECT?										<input type="checkbox"/>	<input type="checkbox"/>	
B. DID THE ACCUSED, AT THE TIME OF THE ALLEGED OFFENSE AND AS A RESULT OF MENTAL DISEASE OR DEFECT, LACK SUBSTANTIAL CAPACITY TO APPRECIATE THE CRIMINALITY OF THIS CONDUCT?										<input type="checkbox"/>	<input type="checkbox"/>	
C. DID THE ACCUSED, AT THE TIME OF THE ALLEGED OFFENSE AND AS A RESULT OF MENTAL DISEASE OR DEFECT, LACK SUBSTANTIAL CAPACITY TO CONFORM HIS/HER CONDUCT TO THE REQUIREMENTS OF THE LAW?										<input type="checkbox"/>	<input type="checkbox"/>	
D. DID THE ACCUSED HAVE THE MENTAL CAPACITY TO FORM THE SPECIFIC INTENT OR REQUIRED STATE OF MIND?										<input type="checkbox"/>	<input type="checkbox"/>	
25. ACTION RECOMMENDED BY BOARD (or directed by higher authority) Refer to Informal Physical Evaluation Board <u>X</u> or Return to Duty _____												
26. BOARD MEMBERS												
TYPED NAME GRADE, ARM OF SERVICE				SIGNATURE (Place check after signature of psychiatrist)				27. MINORITY REPORT ON REVERSE				
PRESIDENT Joann B Couch, LtCol, USAF, MC				[Signature]				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
MEMBER Dorothy L Saune, Maj, USAF				[Signature]								
MEMBER Franklin D Waddell, Lt Col, USAF				[Signature]								
28. HOSPITAL COMMANDER OR DESIGNEE												
A. DATE REVIEWED		B. BOARD RECOMMENDATION <sup>1</sup>		C. TYPED NAME, GRADE, SERVICE				D. SIGNATURE				
		APPROVED		Not required per AF141-210								
		DISAPPROVED										
29. I HAVE BEEN INFORMED OF THE FINDINGS AND RECOMMENDATIONS OF THE MEDICAL BOARD.												
A. DATE		B. SIGNATURE OF SERVICE MEMBER				C. LETTER OF EXCEPTION ATTACHED						
[REDACTED]		[REDACTED]				<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	

<sup>1</sup>If applicable indicate reason for disapproval on reverse.

AF IMT 618 CONTINUATION SHEET

V2

0096

A-00555

<b>COMMANDER'S IMPACT STATEMENT FOR MEDICAL EVALUATION BOARD</b>		
<b>PRIVACY ACT STATEMENT</b>		
<p><b>AUTHORITY:</b> 10 U.S.C. 8013, Secretary of the Air Force and 10 U.S.C. Chapter 61, Retirement or Separation for Physical Disability; as implemented by AFI 36-2608.</p> <p><b>PURPOSE:</b> Military personnel records are used at all levels of AF personnel management for actions/processes related to disability evaluation for separation/retirement or retention.</p> <p><b>ROUTINE USES:</b> May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD Blanket Routine Uses apply.</p> <p><b>DISCLOSURE:</b> Voluntary, refusal to divulge information may delay or halt further processing jeopardizing entitlement to disability benefits.</p> <p><b>SORN:</b> F036 AFPC E. Temporary Disability Retirement List (TDRL) Case Files are searchable by number and title, and are available at: <a href="http://dpclo.defense.gov/Privacy/SORNS/.aspx">http://dpclo.defense.gov/Privacy/SORNS/.aspx</a> (if applicable).</p>		
<p>Please visit the following website: <a href="https://kx.afms.mil/kj/kx8/AFPCMedicalRetentionStandards/Pages/home.aspx">https://kx.afms.mil/kj/kx8/AFPCMedicalRetentionStandards/Pages/home.aspx</a> for information about the Disability Evaluation System process and instructions for completing this form.</p>		
<b>I. PERSONNEL DATA</b>		
Airman (Last, First, Middle Initial) ██████████	RANK/GRADE ██████████	AFSC ██████████
<b>II. EFFECT ON UNIT MISSION (Answer the following questions below.)</b>		
<p>1. Can Airman satisfactorily perform <u>all</u> primary AFSC in-garrison duties?      <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If no, explain how Airman's medical condition(s) impacts his/her ability to perform all duties related to their primary AFSC and ability to perform their <u>full scope</u> of duties in future assignments and in OCONUS deployed environments?</p>  		
<p>2. Describe the specific duties Airman is unable to perform because of his/her medical condition. Also, detail any duty-related restrictions, limitations, "work-arounds" or schedule modifications that are in effect and for how long they have been in effect. Also, if Airman is currently assigned to desk or administrative duties, was the medical condition a factor in selecting this duty?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p>Member can perform all duties without work-arounds, restrictions or limitations.</p>  		
<p>3. How many days of work has Airman missed over the past <u>12 months</u> due to their condition(s)? Specify how many days were for medical appointments, formal quarters, convalescent leave or other days off due to Airman's condition:                  ██████████ missed ████████ days due to medical TDY.</p>  		
<p>4. You are encouraged to speak with the Primary Care Manager (PCM) or military provider (for ANG) regarding the Airman's medical condition (including profile recommendation/restrictions, if required).                  Have you spoken with the PCM and do you agree with the PCM's assessment of the Airman's conditions?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO    If not, why?</p>  		
<b>III. ADMINISTRATIVE ACTIONS (For Sections III, IV, and V check appropriate Yes or No box and if required, provide additional comments.)</b>		
<p>1. Is Airman pending administrative action or judicial/nonjudicial punishment that could result in demotion/separation/punitive discharge or dismissal? If yes, provide status:                  NOTE: If status changes after submitting your impact statement, inform PEBLO immediately.</p>		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<p>2. Has Airman had administrative action in the past resulting in a demotion in rank? If yes, provide administrative action/demotion package.</p>		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<p>3. Does Airman have an approved retirement/separation date in the system or a high year tenure (HYT) date?                  If yes, provide date:</p>		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

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PREVIOUS EDITIONS ARE OBSOLETE



<b>IV. DEPLOYMENT RELATED ILLNESSES/INJURIES (If applicable)</b>		
1. Was Airman deployed when the medical condition(s) originated or was incurred? If yes, provide date(s) and location:		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
2. If yes for Section IV, Question 1, briefly describe the circumstances based on your knowledge. If you have documentation to support the circumstances (an evaluation, decoration, or letter from a witness), please provide it. Also, annotate source of the information. (Airman reports, personally or coworker witnessed, etc.)		
<b>V. AIR RESERVE COMPONENT INPUT (Complete the questions below if your Airman is a Guard/Reserve member)</b>		
1. Was Airman in military status when the medical condition originated or was incurred? If yes, what type of orders/military status at the time and for how long:		<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Was Airman in military status when the medical condition was first diagnosed?		<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Did Airman have this medical condition prior to the beginning of their duty status or prior to joining the Guard/Reserve? (If yes, provide copy of DD 214 if applicable)		<input type="checkbox"/> NO <input type="checkbox"/> YES
4. Is Airman receiving treatment and/or compensation from the Department of Veterans Affairs for his/her referred condition(s)?		<input type="checkbox"/> NO <input type="checkbox"/> YES
5. Has Airman been placed on extended military status/orders for the purpose of medical treatment and/or MEB processing? If yes, what type of orders/military status:		<input type="checkbox"/> NO <input type="checkbox"/> YES
6. Has Airman been placed on No Points/No Pay status? If yes, how long:		<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>VI. COMMANDER RETENTION RECOMMENDATION (Check appropriate box and if required, provide comments.)</b>		
<input checked="" type="checkbox"/> RETAIN <input type="checkbox"/> DO NOT RETAIN		
Additional Comments: [REDACTED] is a valued team member. Recommend retention.		
1. Would your recommendation change if you knew the member would be assigned an Assignment Limitation Code - C, and hence, may have deployment limitations and can affect Mobility Reporting Data?		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
DATE [REDACTED]	Commander's Signature Block: [REDACTED]	Signature [REDACTED]
Please provide a point of contact (name, rank, DSN and email address) if further information is required:		
<b>VII. AIRMAN ACKNOWLEDGEMENT</b>		
Comments:		
DATE [REDACTED]	Airman's Signature [REDACTED] <small>Digitally signed by BURGE MITCHELL DAVID 1454949508</small>	
NOTE: If Airman is found unfit for further military service, the date of separation/retirement will be approximately 90 days from the finalization of the DES/MEB case.		



**IMPARTIAL REVIEW ELECTION**

Service Member: [redacted] SSN (PA of 1974 applies): [redacted]  
Refer DoDI 1332.18, Encl 3, Operational Standards for the IDES, para 2 MEB, (4) Imparti: [redacted]

I have reviewed the contents of the MEB and narrative summary. The PEBLO has counseled me regarding the impartial review process, and I understand it is designed to provide me with an impartial review of my medical board findings and recommendation to ensure that the MEB adequately reflects the complete spectrum of my injuries and/or illnesses. I understand I have five (5) calendar days in which to decide whether to request an impartial review. I understand that this request form will become a part of my MEB package.

Section I. Please circle and initial your selection below:

I do not elect an impartial review of my MEB.  I do /  do not wish to submit a rebuttal letter. (not req)

Yes, I elect an impartial review of my MEB.  I do /  do not wish to provide a letter detailing my concerns.

I understand that if I have elected to submit a rebuttal letter, I have five (5) calendar days to do so, with a due date of \_\_\_\_\_. I understand that if the rebuttal letter is not submitted by the due date, the MEB case will be forwarded to the Medical Evaluation Board for review without my letter. After assignment, the reviewer will have five (5) calendar days to review my case and provide me feedback.

An impartial health care professional (not associated with my MEB) will be assigned to review my MEB to ensure the complete spectrum of my injuries and/or illnesses have been addressed. After assignment, the reviewer will have five (5) calendar days to review my case and provide me feedback.

SIGNATURE: [redacted] DATE: [redacted]

PEBLO: [redacted] DATE: [redacted]

\*\*\*\*\*

Section II Note: IMR must be completed within five (5) calendar days.

I have reviewed the narrative summary and MEB package for the named Service Member and:

Concur. The narrative summary and MEB package adequately reflect the complete spectrum of injuries or illness of the Service Member.

Nonconcur. The narrative summary and MEB package do not adequately reflect the complete spectrum of injuries or illness of the Service Member. The following issues should be addressed on a separate memo.

I have informed the above member on this date \_\_\_\_\_.

\_\_\_\_\_  
Signature and Stamp of Impartial Reviewer

For Service Member:

I have been informed of the results of the impartial review.  I do /  do not wish to submit a rebuttal letter.

I understand that if I have elected to submit a rebuttal letter, I have (5) calendar days with a due date of \_\_\_\_\_. I understand that if the rebuttal letter is not submitted by the due date, the MEB case will be forwarded to the Medical Evaluation Board for review without my letter.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature only required if IMR was completed)



DEPARTMENT OF THE AIR FORCE

[REDACTED]

[REDACTED]

MEMORANDUM FOR HONORABLE MEMBERS OF THE BOARD

FROM: [REDACTED]

SUBJECT: Letter of Exception

1. I, [REDACTED] have currently served [REDACTED] in the Air Force. I am currently working [REDACTED]  
[REDACTED]

2. I joined the Air Force in [REDACTED] at the age of [REDACTED] years. My reasons for joining were simple. I was not ready to go to college and be on my own yet and I wanted to follow in my parents legacy and join the military. [REDACTED]  
[REDACTED] From the beginning, I knew I wanted to make it a career and serve a full 20 years.

3. Throughout High School, I was involved in numerous activities and clubs, I [REDACTED] I always sought positions where I felt I would have the affluence to make an impact on the people around me. The Air Force has provided me with a platform to do just that. [REDACTED]  
[REDACTED]


4. Everyone that knows me, knows I am a fighter and determined beyond belief to reach my goals. If the Air Force has taught me one thing, it is how to adapt; how to be resilient. Since finding out about my condition I have remained positive and found trustworthy people that I could talk to so I would not be alone in my fight. Having this condition is not the hard part. The most difficult part is not knowing if I am going to be able to continue serving my country.

5. Since the day I arrived at my first duty station I have made an effort to be the best Airman and accomplish all my goals. At my first duty station, [REDACTED]  
[REDACTED] I took great pride in learning as much as possible about my job and teaching it to new Airmen that came from Technical Training. Due to my leadership skills, my supervisor and NCOIC placed me in charge of numerous programs. [REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



9. All in all, as things are now, I do not have any regrets in life. Everything I have accomplished was done so with passion and desire fueling me. I joined the Air Force to be apart of something bigger than me, to follow in my parents legacy. I would be remised if my journey ended this year. I love this coutry and I love wearing this uniform, please take into account my experiences and accolades and what I can bring to future Airmen as you make your decision. I am not ready to part ways with the Air Force. Please give me the continued opportunity to serve the nation I love.





[REDACTED]

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM [REDACTED]

SUBJECT: Character Statement for [REDACTED]

1. I, [REDACTED] am a [REDACTED] I served [REDACTED] and was stationed at [REDACTED] from [REDACTED] My jobs consisted of: [REDACTED] My two top medals while active duty were [REDACTED] I recently was named [REDACTED]

2. I first met [REDACTED] after my [REDACTED] He is a [REDACTED] through and through and was assigned to [REDACTED] One could tell he was eager to learn, motivated and excited to start his military career. I retired; however, we kept in contact through Facebook. He recently [REDACTED] as a [REDACTED] continues to show his eagerness to learn, to improve Air Force processes and still honored to be serving his country. He is a great asset to the military and would be a huge loss if medically released.

3. If you have any questions, please feel free to contact me at any time at [REDACTED] or by email; [REDACTED]

[REDACTED]

[REDACTED]

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: [REDACTED]

SUBJECT: Character Statement for [REDACTED]

1. My name is [REDACTED] and I am currently [REDACTED]. [REDACTED] have been in the military for [REDACTED] and stationed at [REDACTED]. Before becoming [REDACTED] [REDACTED]

2. I have been [REDACTED] and have worked with him professionally during this time. [REDACTED] stood out immediately due to his work ethic and positive attitude.

3. [REDACTED] has a strict adherence to military standards. He is very respectful and always has excellent military bearing. He has a good relationship with his co-workers and family. [REDACTED] is a hard worker and is very knowledgeable in his job.

4. I believe that [REDACTED] is a vital to the Air Force mission. His skills are needed in [REDACTED]. I hope the Air Force retains [REDACTED] because he will be greatly missed if he has to separate.

[REDACTED]





MEMORANDUM FOR HONORABLE MEMBERS OF THE BOARD

FROM: [REDACTED]

SUBJECT: Character Statement for [REDACTED]

1. My name is [REDACTED] I am currently assigned to [REDACTED] I have worked in [REDACTED] Before that, I worked in [REDACTED]
2. I met [REDACTED] when we worked together in [REDACTED] We interacted on a daily basis on successfully providing [REDACTED] [REDACTED] possesses the vision, moral integrity, and the capacity to inspire others to strive for excellence.
3. [REDACTED] has an admirable blend of technical expertise, personal reliability and character traits required for ascent to positions of higher authority and responsibility. He has earned my complete trust and confidence. He is most capable of making independent judgements and decisions. He is fair, impartial and one of the most honest people I know.
4. He is methodical, extremely conscientious, and completely resourceful. He demonstrates in-depth technical knowledge and his actions are well planned and smoothly executed. [REDACTED] [REDACTED] has the ability to accept and complete any job regardless of scope and complexity. He is a dynamic leader who has an unswerving allegiance to job accomplishment and thrives on challenges. He is a creative thinker and innovative problem solver. He is a self-starting individual needed in order to meet tomorrow's challenges. He has always been professional in his job performance and has always produced outstanding results.
5. Based on my observations of and contacts with [REDACTED] I feel I have an in-depth understanding of him as both an Airman in the United States Air Force and as an individual. My opinion is that he is a person of excellent military character.



[REDACTED]

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: [REDACTED]

SUBJECT: Character Statement for [REDACTED]

1. My name is [REDACTED]. I am active duty Air Force stationed at [REDACTED]. [REDACTED] have been in the Air Force for [REDACTED] and have spent the majority of my time in service here at [REDACTED]. As an [REDACTED] career field, my scope of responsibility has [REDACTED]. [REDACTED]

2. I have known [REDACTED] as both a supervisor and a close friend. Due to the experiences I've had with [REDACTED] I feel that I have become both a superior Airman and outstanding community member. [REDACTED] [REDACTED] effective leader and embodied the core values of integrity, service, and excellence. [REDACTED] not only taught me to be efficient in our duty, but taught me to be a humble professional. As aforementioned, I won [REDACTED]. This was not acquired simply by individual performance, but rather a joint effort with a strong supervisor to assist in my journey. Additionally, [REDACTED] is a reliable teammate and friend whenever an extra hand is needed. Through personal struggle and professional struggle, he would be the first to step up and help in any aspect he is able. In my opinion, it is to the benefit of the United States Air Force that [REDACTED] continues to execute our mission, improve our career, and mentor future Airmen that have the privilege to work alongside him.

3. [REDACTED] displays unparalleled duty performance and has proven exemplary qualities of a military leader. He is a great example of how any Airman should conduct themselves, both in uniform and out. If I could attribute my individual readiness and knowledge of our career field, it would be from the teachings of [REDACTED]. He portrays a very resilient attitude in the face of challenges and stress. Despite hardships that I witnessed him confront, he continued to strive for excellence and improve the quality of the Airmen he serves. I believe anyone could attest to the mental fortitude that [REDACTED] contains.

4. I would like to reiterate the quality that [REDACTED] brings to our force. I understand his current situation and I feel that it would be a mistake to let go of such an outstanding Non Commissioned Officer. Should [REDACTED] stay within our ranks, I am confident that he will continue to exceed expectations and exemplify how an Airman should be. If you have any questions on this matter or require any additional information, please feel free to contact me directly at [REDACTED]. [REDACTED]

[REDACTED]



DEPARTMENT OF DEFENSE

[REDACTED]

[REDACTED]

MEMORANDUM FOR HONORABLE MEMBERS OF THE BOARD

From: [REDACTED]

Subj: Character letter for [REDACTED]

1. My name is [REDACTED] I am currently deployed as [REDACTED] [REDACTED] At home station, [REDACTED] I am in charge of [REDACTED] I have served in the Air Force for almost [REDACTED] and was recently selected for promotion to [REDACTED] I have known [REDACTED] since he arrived at his first duty station. I was his first supervisor.

2. I was [REDACTED] supervisor in the [REDACTED] From [REDACTED] [REDACTED] During this time, then [REDACTED] showed an amazing amount of initiative in learning his job as well as general Air Force practices. He would constantly dive into the AFI, AFMAN, and guidance memorandums to learn as much information as possible about doing his job. He was quickly put in charge of [REDACTED]

[REDACTED] He was also my go to person because of his knowledge and understanding of the AFI and AFMAN. When I PCS'd, I stayed in contact with him and followed his career. His selection to [REDACTED] on his first attempt came as no surprise. As he PCS'd and worked several different sections, he continued to dive into the AFI and AFMAN to become the most knowledgeable person in his work section.

3. In getting to know him, he has always shown a great love for the United States and wants to continue to serve to the military for as long as possible. Since our first conversation when I picked him up from the airport, he has wanted nothing more than to serve in the Air Force for the country he loves. His medical condition may limit some career fields he can work in but it should not stop him from serving his country. He is truly what any supervisor looks for in an Airman. He volunteers, works toward completing higher education, and is the go to person in his work section. He will be a valuable asset to any workcenter in any AFSC. I strongly recommend you retain him and return him to duty. The Air Force would lose the best Airman I have had the pleasure and privilege of serving with.

[REDACTED]



**DES COUNSELING ACKNOWLEDGEMENT SHEET**

**PEBLO: PLEASE INCLUDE THIS ACKNOWLEDGEMENT MEMO TO THE MEB FILE FORWARDED TO AFPC/DPFDD**

(initial) I have been briefed on the Integrated Disability Evaluation System (IDES) and Legacy DES (LDES) process and have been provided a copy of the IDES Fact Sheet. I understand the Physical Evaluation Board Liaison Officer (PEBLO) is my point of contact throughout this process and I will contact him or her with any questions or concerns regarding the status of my case. Also, I understand that my commander/First Sergeant will be kept informed of my DES process and that I must be available throughout the complete process.

(initial) I understand that if I elect to undergo LDES processing, I will have until N/A (7 duty days from the date of IDES briefing) to contact the Office of Airman's Counsel (OAC) at DSN 665-0739 or Commercial (210) 565-0739 to receive my legal counsel concerning the differences between LDES and IDES process. If I fail to make contact with the OAC or have not returned the completed and signed Legacy DES Election Statement memo back to the PEBLO, I will have forfeited my option to undergo the LDES process and the PEBLO will refer you into the IDES process instead.

(initial) I understand that I have five (5) calendar days to request an Air Force physician or other appropriate health care professional (not involved in my MEB process) to offer an impartial review of the medical evidence presented by the narrative summary or MEB findings. The impartial health professional will have no more than five (5) calendar days to advise me on whether the findings of the MEB adequately reflect the complete spectrum of injuries and illness.

(initial) After review of the findings with the assigned impartial health care professional, I shall be afforded an opportunity to provide a rebuttal of the results of the MEB, and I shall be afforded five (5) calendar days to prepare a rebuttal to the convening medical authority. The convening medical board authority shall be afforded five (5) calendar days to consider the rebuttal and return the fully documented decision to me. In the case of an MEB rebuttal, the MEB shall not be forwarded to AFPC/DPFDD until this process is finalized. The fully documented review, rebuttal and convening authority response, will be included with the MEB information and will be sent to AFPC/DPFDD.

(initial) I understand it is my sole responsibility to contact the Airman and Family Readiness Center (AFRC) to schedule pre-separation counseling at the earliest possible date following notification of my entry into the Disability Evaluation System. If I am found unfit for continued service, my retirement or separation date will not be extended as a result of my failure to schedule and attend said counseling.

(initial) For IDES, I understand that VA determination of service connection for disabilities incurred in or aggravated by military service may be established from the day following date of discharge from the Air Force. Entitlement to payment, however, is not authorized until the first of the month following the month in which service connection is established. VA compensation is paid, like military pay, in arrears. Because of these rules, a separation date other than 3 days from end of month may result in a delay in receipt of VA payments and I must plan accordingly. For LDES, I understand I may be entered into the VA Benefits Delivery at Discharge (BDD) or Quick Start Program after my LDES process is complete. You may visit the VA website to start appropriate process once you receive your approved disability separation or retirement orders at: <http://benefits.va.gov/PREDISCHARGE/claims-pre-discharge-quickstart.asp> for Quick Start Program or at: <http://www.benefits.va.gov/predischarge/claims-pre-discharge-benefits-delivery-at-discharge.asp> for the BDD Program. Please review the eligibility requirements for both programs to determine which one applies to you.

(initial) I understand that I may bring someone to my MEB/PEB recommendation briefings.

(initial) I have received a copy of the OAC Representation Request (ORR) memo during the DES process counseling session and I understand that I have the right to legal counsel and representation from the OAC at no expense to me. I also understand that I must decline legal counsel in writing.

(initial) I understand that I may not go on leave, TDY or deploy without obtaining approval through my PEBLO/MEB office. I further understand that I may not have surgery (unless emergency to save life, limb or eyesight) within 6 months of my Date of Separation (DOS), and must coordinate approval through my PEBLO/MEB office.

(initial) I understand that it is Mandatory to make the VA compensation and pension exam(s) appointment(s) (IDES only). I also understand that I cannot reschedule or cancel my exams. Any change to exam schedule can only be done by my PEBLO.

(initial) I understand that the entire IDES process has a timeline of 295 (AD) /305 (ARC) days and that each phase of the process has its own timeline. I also understand that due to the uniqueness of my case each phase timeline and the overall timeline may change.

RANK/NAME OF SERVICE MEMBER: [REDACTED]

SIGNATURE OF SERVICE MEMBER: [REDACTED]

DATE: 29 Nov 17

Member was briefed by: [REDACTED]

May 2016

This form is governed by the Privacy Act of 1974. (Blanket PAS 1974, Routine Uses) Disclosure of requested information is mandatory. AFI 33-332

DUTY LIMITING CONDITION REPORT		
Name (Last, First MI) [REDACTED]	RANK [REDACTED]	DATE [REDACTED]
SSAN [REDACTED]	MAJCOM / INSTALLATION [REDACTED]	Squadron / Unit Of Assignment 54 AIRCRAFT MAINT SQ
Squadron E-Mail Address [REDACTED]	Duty Telephone: <input checked="" type="checkbox"/> DSN [REDACTED] <input type="checkbox"/> Commercial [REDACTED]	
HEALTH CARE PROVIDER'S MEDICAL RECOMMENDATION FOR THE SQUADRON COMMANDER		
<input type="checkbox"/> DUTY RESTRICTIONS	<input checked="" type="checkbox"/> MOBILITY RESTRICTIONS	<input type="checkbox"/> 49 / 81
PHYSICAL LIMITATIONS / RESTRICTIONS (DO NOT include medical condition or diagnosis)		
These limitations expire [REDACTED] Not Worldwide Qualified.		
This member is undergoing an MEB to determine medical fitness for continued worldwide duty and retention. No PCS, deploy, or mobility assignment until disposition is made and reported on an AF Form 422. This member should not depart home station for TDY or Leave without consulting the medical treatment facility Physical Evaluation Board Liaison Officer (PEBLO). Commanders may inquire about member's status by contacting PEBLO. Specific information about this member's diagnosis and care cannot be released to anyone. IAW AFI 10-203, member is required to report any change in medical condition to the Primary Care Manager		
<b>Release Dates: 31                      37                      81                      MR                      DR                      FR</b>		
Name and Grade of Health Care Provider [REDACTED]	Signature [REDACTED]	Today's Date 12/01/2017
<input type="checkbox"/> 31 (ILLNESS OR INJURY WILL BE RESOLVED WITHIN 31-365 DAYS)	<input checked="" type="checkbox"/> 37 (MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING IAW AFI 41-210)	
Force Health Manager [REDACTED]	Signature [REDACTED]	Today's Date 12/04/2017
Profile Officer Review [REDACTED]	Signature [REDACTED]	Today's Date 12/04/2017
SQUADRON COMMANDER'S REVIEW - MOBILITY RESTRICTIONS NOT VALID WITHOUT SIGNATURE		
Squadron Commander [REDACTED]	Signature [REDACTED]	Today's Date [REDACTED]





DEPARTMENT OF THE AIR FORCE



MEMORANDUM FOR MEDICAL EVALUATION BOARD

FROM: [Redacted]

SUBJECT: NARSUM

NAME/SSN: [Redacted]

RANK: [Redacted]

YEARS OF SERVICE: [Redacted]

JOB DESCRIPTION/AFSC: [Redacted]

CURRENT DUTIES: [Redacted]

EXPIRATION OF TERM OF SERVICE: No currently pending administrative actions reported; current enlistment ends [Redacted]

CONDITION(S) OF CONCERN:

- 1. HIV ICD-10: B20

RELEVANT HISTORY

Medical:



Surgical:



Family:

- 1. Non-contributory

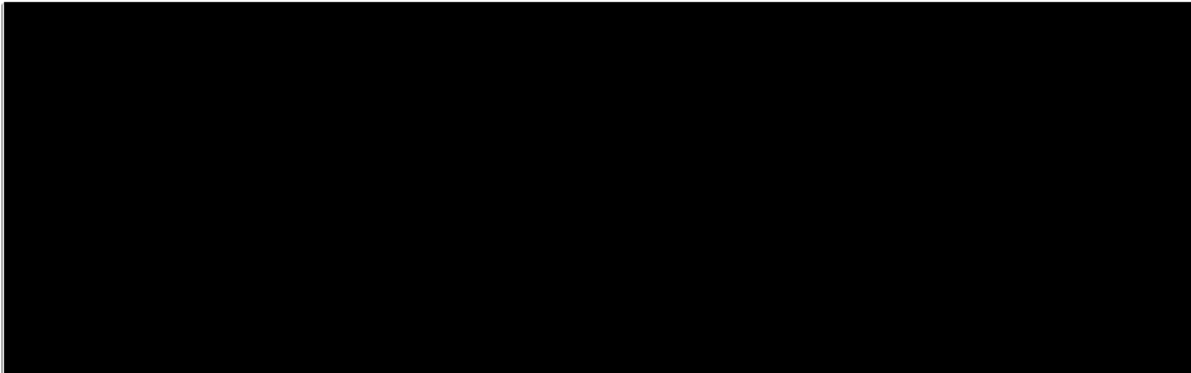
CURRENT MEDICATIONS:

- 1. Triumeq (abacavir, dolutegravir, lamivudine), 1 tab daily

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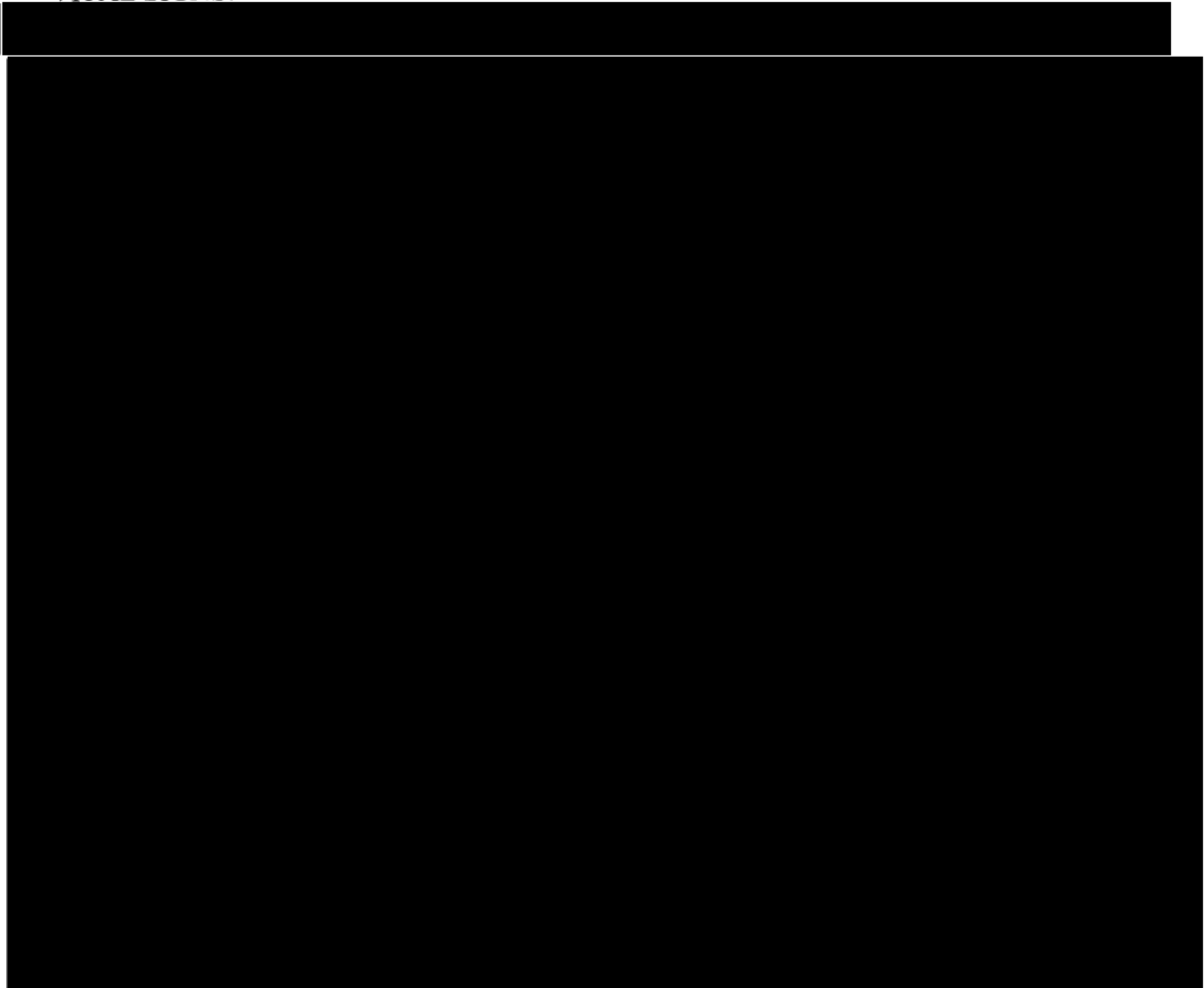


**HISTORY OF PRESENT ILLNESS**



**PHYSICAL EXAMINATION**

**VITAL SIGNS:**



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**ANCILLARY STUDY SUMMARY****Laboratory Findings**

HIV-1/O/2 Ab	Site/Specimen
HIV-1/O/2 Ab	SERUM
<b>Streptococcus Rapid POCT</b>	Site/Specimen
Streptococcus pyogenes Ag	PHARYNX
HIV-1/O/2 Ab	Site/Specimen
HIV-1/O/2 Ab	SERUM
<b>HIV Confirmation Panel</b>	Site/Specimen
HIV-1 RNA	SERUM
HIV Interpretation	SERUM
<b>Rapid Plasma Reagin Panel</b>	Site/Specimen
Reagin Ab	SERUM
<b>HIV-1 Viral Load Ultrasensitive</b>	Site/Specimen
HIV-1 RNA Ultrasensitive	PLASMA
HIV-1 RNA Log 10 Ultrasensitive	PLASMA
<b>Hepatitis Virus Panel Acute</b>	Site/Specimen
Hepatitis B Virus Surface Ag	SERUM
Hepatitis B Virus Core Ab IgM	SERUM
Hepatitis A Virus Ab IgM	SERUM
Hepatitis C Virus Ab	SERUM
<b>Hepatitis B Virus Core Ab</b>	Site/Specimen
Hepatitis B Virus Core Ab	SERUM
<b>Hepatitis B Virus Surface Ab</b>	Site/Specimen
Hepatitis B Virus Surface Ab	SERUM

<b>CDC Basic Panel</b>	Site/Specimen
WBC	BLOOD
Lymphocytes	BLOOD
CD3+CD8+	BLOOD
CD3	BLOOD
CD3+CD4+	BLOOD
CD3-CD19+	BLOOD
CD3-CD56+	BLOOD
T Cells	BLOOD
CD3+CD4+/CD3+CD8+	BLOOD
CD3+CD8+ Absolute	BLOOD
CD3+CD4+ Absolute	BLOOD

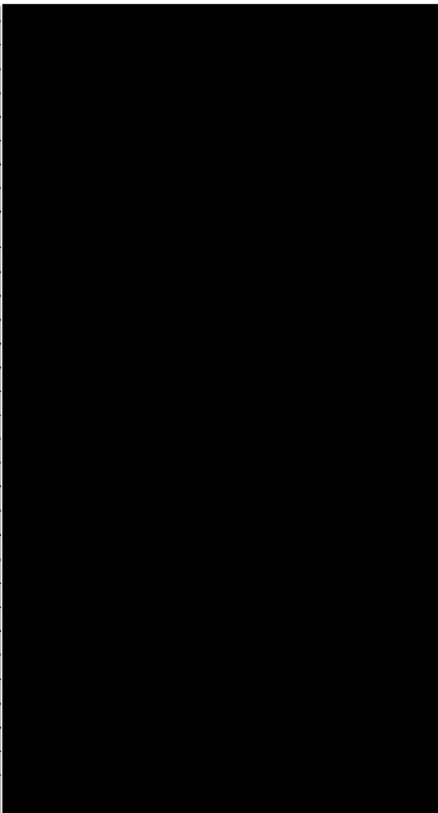
<b>Hepatic Function Panel</b>	Site/Specimen
Albumin	SERUM
Bilirubin	SERUM
Alkaline Phosphatase	SERUM
Aspartate Aminotransferase	SERUM
Alanine Aminotransferase	SERUM
Bilirubin Direct	SERUM
Protein	SERUM
Hemolysis Index	SERUM
Icteric Index	SERUM
Lipemia Index	SERUM

<b>Basic Metabolic Panel</b>	Site/Specimen
Glucose	SERUM
Urea Nitrogen	SERUM
Creatinine	SERUM
Sodium	SERUM
Potassium	SERUM
Chloride	SERUM

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Carbon Dioxide	SERUM
Anion Gap	SERUM
Calcium	SERUM
Hemolysis Index	SERUM
Icteric Index	SERUM
Lipemia Index	SERUM
GFR Non-Black	SERUM
GFR Black	SERUM

CBC	Site/Specimen
Hemoglobin	BLOOD
Hematocrit	BLOOD
WBC	BLOOD
RBC	BLOOD
MCV	BLOOD
MCH	BLOOD
MCHC	BLOOD
RDW CV	BLOOD
Platelets	BLOOD
MPV	BLOOD
Neutrophils	BLOOD
Lymphocytes	BLOOD
Monocytes	BLOOD
Eosinophils	BLOOD
Basophils	BLOOD
ABS Neutrophils	BLOOD
ABS Lymphocytes	BLOOD
ABS Monocytes	BLOOD
ABS Eosinophils	BLOOD
ABS Basophils	BLOOD
Nucleated RBC/100 WBC	BLOOD



**Radiographic Findings**

None

**CONSULTATION SUMMARY**

[REDACTED]

[REDACTED]

After clinical and laboratory assessment, the patient is determined to be stage 3 by 2014 CDC case definition and nadir % values of 11%, although CD4 count is [REDACTED]. The patient does not have evidence of immune compromise. Current treatment guidelines recommend consideration of ARV treatment for all patients to decrease long term risk of non-AIDS comorbidities (DHHS guidelines). Options were discussed and the patient wishes to start ARVs (details in later note). A 90 day prescription will be given with refills.

Behavioral health evaluation will be done and separately entered by their clinic. He will be briefed by MEB personnel at WHASC with this narrative forwarded by them to DPAMM for fast track C code review. Appointment will be given by scheduling clerk for next staging evaluation in 6 months.

[REDACTED]

HIV treatment regimens were discussed with patient and decision was made to start triumeq one tab daily, if patient has +HLA B5701 he agreed to start genvoya instead. Will call in to local pharmacy once test results are back. Side effects were discussed and adherence stressed.

To monitor for efficacy and safety of regimen, recommend labwork at 1 and 3 months to include: HIV viral load, CBC, CD4 count, BMP. Patient to call me after labs obtained and we will discuss.

**PROCEDURES**

None

**HOSPITALIZATIONS**

None

**WORLD WIDE QUALIFIED**

NO

**CURRENT PROFILE**

These limitations expire [REDACTED]  
Not Worldwide Qualified.

**LINE OF DUTY DETERMINATION**

Administrative.

**FITNESS & JOB PERFORMANCE**

The member reports no concerns with regard to fulfilling his duties or participating in PT/Exercise.

**PROGNOSIS & FINAL RECOMMENDATION**

IAW DoDI 6490.07, AFI 48-123, and/or MSD 29 May 17, this member does not meet deployment criteria. His diagnosis of HIV falls within MSD 29 May 17, A5.

I recommend this member be returned to duty with the appropriate C code.

