ENTRANCE PHYSICAL STANDARDS BOARD (EPSBD) PROCEEDINGS				DATE	
1. NAME OF SERVICE MEMBER (Last, First, MI)		2. SSI	N	3. GRADE	
4. MEDICAL TREATMENT FACILITY	5. COMPONENT	6. OR	GANIZATION	7. DATE ENTERED CURR TOUR OF AD	
FIN	IDINGS BY THE EVA	LUATING PHYSICI	 ΔNS		
FIN 8. After careful considerations of medical records, laborat for appointment or enlistment in accordance with current representations. The member has the following medical conditions are considered as a service. The member has the following medical conditions are considered as a service. 9. STATE PROFILE AND ASSIGNMENT LIMITATIONS	IDINGS BY THE EVA tory, findings, and med medical fitness standard ions and/or physical de	lical examinations, the	e board finds that the service	ce member was medically unfits the condition(s) existed prior	
10. TYPED NAME, GRADE & SPECIALTY OF PHYSICIAN(S	i)/DENTIST(S)	11. SI	IGNATURE(S)		
ACTION BY MEDICAL APPROVING AUTHORITY					
12. THE FINDINGS ARE					
APPROVED LIDISAPPROVED (Statement of MEDICAL APPROVI	ate reason in continuation s	section on reverse. Identi	ify by Item No.)	15. DATE	

16. TO (Commander of Service Member)	17. FROM (MTF Commander)				
FORWARDED FOR NECESSARY MEMBER					
18. TYPED NAME, GRADE & TITLE OF MTF COMMANDER	19. SIGNATURE	20. DATE			
To. THE BINNIE, GIVISE & THEE OF MIT COMMUNICATION	To. CIGIVITORE	20. 57(12			
ACTION BY SE	RVICE MEMBER				
21. I have been informed of the medical findings. Additionally, I understand that legal advice of an attorney employed by the Army is available to me or that I					
21. I have been informed of the medical findings. Additionally, I understand that legal advice of an attorney employed by the Army is available to me or that I may consult civilian counsel at my own expense. I also understand that I may request to be discharged from the US Army without delay or to request retention on active duty. If retained, I my be involuntarily reclassified into another military occupational speciality based upon my medical condition.					
	-,,				
☐ I concur with these proceedings and request to be discharged from the US Army without delay.					
☐ I concur with these proceedings and request that I be retained on active duty.					
I disagree with these proceedings because my condition did not evi	et prior to service (specified medical evidence is attac	had)			
I disagree with these proceedings because my condition did not exist and request my case be returned to the medical approving authority	for reconsideration.	iicu)			
I disagree with these proceedings because my condition was not dis medical evidence is attached) and request my case be returned to the	ne medical approving authority for reconsideration.	pecific			
22. TYPED NAME, & GRADE OF SERVICE MEMBER	23. SIGNATURE	24. DATE			
ACTION BY UN	IT COMMANDER				
25. RECOMMEND SERVICE MEMBER BE DISCHARGED/SEPARATED).				
☐ SERVICE MEMBER BE RETAINED.					
☐ CASE BE RETURNED TO THE MEDI		00 DATE			
26. TYPED NAME, GRADE & TITLE	27. SIGNATURE	28. DATE			
ACTION BY DISCH	IARGE AUTHORITY				
29. SERVICE MEMBER WILL BE	IANGE ACTIONITY				
☐ DISCHARGED/SEPARATED FROM THE ARMY.					
☐ RETAINED ON ACTIVE DUTY.					
30. TYPED NAME, GRADE & TITLE	31. SIGNATURE	32. DATE			
CONTINUATION (Identify each continued item by number)					