

**APPLICATION FOR A REVIEW BY THE PHYSICAL DISABILITY BOARD OF REVIEW (PDBR)  
OF THE RATING AWARDED ACCOMPANYING A MEDICAL SEPARATION  
FROM THE ARMED FORCES OF THE UNITED STATES**

*(Please read Instructions on Page 3 BEFORE completing this application.)*

OMB No. 0704-0453  
OMDB approval expires  
8/31/2024

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5014, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; 10 U.S.C 5043, Commandant of the Marine Corps; U.S.C 93, Commandant of the Coast Guard; DoDI 6040.44, Lead DoD Component for the Physical Disability Board of Review; 10 U.S.C. 1554(a); and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** Information is used to justify a fair and accurate reassessment of a veteran's Department of Defense Physical Evaluation Board determination. Records provide all the necessary medical information to properly re-evaluate the military department's board determination and rating schedule.

**ROUTINE USE(S):** Law Enforcement, Congressional Inquiries, and Disclosures to the Office of Personnel Management

**DISCLOSURE:** Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security Number is strictly to assure proper identification of the individual and appropriate records.

**1. APPLICANT DATA** *(The person whose discharge is to be reviewed.) (Print or type all the information.)*

a. BRANCH OF SERVICE (X one) ☐ ARMY ☐ MARINE CORPS ☐ NAVY ☐ AIR FORCE ☐ COAST GUARD

b. NAME (Last, First, Middle Initial)

c. PAY GRADE (at time of separation)

d. DATE OF SEPARATION (YYYYMMDD) *(Must be between 11 September 2001 and 31 December 2009 for review)*

e. SOCIAL SECURITY NO.

**2. FINAL DISABILITY RATING AWARDED BY SERVICE FOR UNFITTING CONDITION(S)** (X one) ☐ 0% ☐ 10% ☐ 20%

**3. ISSUES WHY THE RATING FOR THE CONDITION(S) WHICH RENDERED THE MEMBER UNFIT SHOULD BE CHANGED:** *(Continue in Item 12 if necessary)*

**4. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE:** *(Continue in Item 13 if necessary)*

**5. VETERANS AFFAIRS (VA) RATING INFORMATION** (X one)

I have received a VA disability rating that includes the condition(s) for which I was found unfit. If Yes, I have also been rated for other conditions *(list all other conditions in Item 14).*

☐ YES

☐ NO

☐ N/A

**6. VA CONSENT** (X one)

To review my service disability rating, I ☐ do ☐ do not consent to release my VA records.

**7.a. COUNSEL/REPRESENTATIVE** *(If any)* NAME (Last, First, Middle Initial) AND ADDRESS *(See Item 7 of the instructions on Page 3 about counsel/representatives.)*

b. TELEPHONE NUMBER *(Include Area Code)*

c. E-MAIL

d. FAX NUMBER *(Include Area Code)*

**8. APPLICANT MUST SIGN IN ITEM 11 BELOW.** If the record in question is that of a deceased or incompetent person, **LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION.** If the application is signed by other than the applicant, indicate the name *(print)*

and relationship by marking a box below.

☐ SPOUSE ☐ WIDOW ☐ WIDOWER *(Specify)*

☐ OTHER

☐ LEGAL REPRESENTATIVE

☐ NEXT OF KIN

**MAIL COMPLETED APPLICATIONS TO THE ADDRESS BELOW:  
PHYSICAL DISABILITY BOARD OF REVIEW  
SAF/MRBD  
3351 CELMERS LANE  
JBA NAF WASHINGTON, MD 20762-4390**

<b>9.a. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON IN ITEM 8 ABOVE</b> <i>(Forward notification of any change in address.)</i>	b. TELEPHONE NUMBER <i>(Include Area Code)</i>  <hr/> c. CELL PHONE NUMBER <i>(Include Area Code)</i>  <hr/> d. E-MAIL
<b>10. I have read the attached instruction for this item and understand that by requesting this review I give up my right under 10 U.S.C. 1552 to petition my Service's Board for Correction of Military/Naval Records to review and correct the rating for the medical condition(s) which made me unfit. I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. (U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)</b>	
<b>11.a. SIGNATURE (REQUIRED)</b> <i>(Applicant or person in item 8 above)</i>	<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>
<b>12. CONTINUATION OF ITEM 3</b> <i>(If applicable)</i>	
<b>13. CONTINUATION OF ITEM 4</b> <i>(If applicable)</i>	
<b>14. CONTINUATION OF ITEM 5</b> <i>(If applicable)</i>	
<b>15. REMARKS</b> <i>(If applicable)</i>	
<b>MAIL COMPLETED APPLICATIONS TO THE ADDRESS BELOW:          PHYSICAL DISABILITY BOARD OF REVIEW          SAF/MRBD          3351 CELMERS LANE          JBA NAF WASHINGTON, MD 20762-4390</b>	

**INSTRUCTIONS FOR COMPLETING DD FORM 294**  
(for additional information visit: <https://afrra-portal.cce.af.mil>)

Please print or type all information. Items are self-explanatory unless otherwise noted below.

Item 1.b. Use the name which you served under while in the Armed Forces. If your name has been changed, then also include your current name after adding the abbreviation "AKA". If the former member is deceased or incompetent, see Item 8.

Item 2. Indicate the percentage of disability rating for the condition(s) which rendered you unfit. *If requested, the PDBR may review conditions considered, but determined not unfitting by the Physical Evaluation Board. To receive the most thorough review, please indicate in block 3 of the DD Form 294 that you request the PDBR "Review all Conditions." Doing so will allow the PDBR to not only review your unfitting conditions, but also review those conditions found not unfitting.*

Item 3. You may, but are not required to, explain why you believe the rating is inaccurate. If you make no assertion, your rating will still be reviewed for accuracy and fairness.

Item 4. *For verification of eligibility attach a copy of your DD Form 214, Copy 2 or NGB-22, if applicable. The PDBR will gather your service treatment records, a copy of your Physical Evaluation Board records and with your consent in Item 6 a copy of your VA Rating Decision and Compensation and Pension examination results from the DVA. In accordance with DoDI 6040.44, you will be afforded at least two weeks prior to a review of your rating to provide documentary evidence outside DoD possession (including, for example, evidence from civilian medical providers).*

Item 5. Indicate whether you have received a VA rating for the unfitting condition(s) and whether you have been rated for another condition(s). The PDBR will consider the rating awarded by the VA for your unfitting condition(s) and compare it in reviewing your Service disability rating with particular attention to a VA rating with an effective date within 12 months of your separation.

Item 6. This consent is required for the PDBR to gain access to your VA records. If you do not consent, the PDBR will review your disability rating, but will not conduct the comparison discussed in Item 5 above.

Item 7.a. - d. Skip or enter N/A (not applicable) if you do not have a representative/counsel. If you later obtain the services of either, inform the Board immediately. The military services do not provide counsel representation nor do they pay the cost of such representation. Contact your local VA office or Veterans Service Organization for further information about other organizations that may assist you.

Item 8. If the former member is deceased or incompetent, the application may be submitted by the next of kin, a surviving spouse or a legal representative. Legal proof of death or incompetency and satisfactory evidence of the relationship to the former member must accompany this application.

Item 9.a. Indicate the address to be used for correspondence regarding this application. If you change this address while this application is pending, you should notify the PDBR immediately. *9.d. Enter a current email address. Status updates and correspondence will be provided by email, when possible.*

Item 10. By requesting a PDBR review, you are giving up your right under 10 U.S.C. 1552 to petition your Service's Board for Correction of Military/Naval Records to subsequently review the rating for the medical condition(s) which rendered you unfit. The decision of the Secretary on this issue will be final. You may still ask your Service Board for Correction of Military/Naval Records (BCMR/BCNR) to consider other issues including those related to your disability separation. If you have previously filed with your Service BCMR/BCNR you may not request the PDBR review the same condition(s) considered by the BCMR/BCNR. If your filed with your Service BCMR/BCNR prior to the implementation of DoDI 6040.44 (June 27, 2008), you may still request PDBR review of your disability rating.

**COMPARISON - BCMR/BCNR VS. PDBR REVIEW OF RATING**

CHARACTERISTIC	BCMR/BCNR	PDBR
Panel Composition	3 civilians in grade of GS-15 and above.	3 military officers in grade of O5/O6 (or civilian equivalents.)
Review Authority	May apply for review of military record, within three years of error/injustice (may be waived in the interest of justice)	Medical separation 20% or less where member did not retire finalized between 11 September 2001 and 30 September 2009
Review Process	Application submitted, medical, personnel or legal advisories, prepared and served on applicant with chance to comment before panel review and vote.	Application submitted, then case summarized by PDBR medical member (or other experts) for presentation to PDBR before vote. Applicant can submit records from non-Dod sources.
Panel Outcome	Recommendation or decision.	Recommendation only.
Burden of Proof	Member has the burden of proof to establish error or injustice. There is a presumption of regularity.	Member need not allege anything, review accomplished upon request.
Standards	Will correct errors in records and/or remove an injustice.	Rating reviewed for fairness and accuracy.
Impact of subsequent VA Rating	Within discretion of the Board.	Will compare VA rating with particular attention to one given within 12 months.

Item 11.a. and b. A signature and date, entered by the applicant or people identified in Item 8, are required

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**1. APPLICANT DATA** *(The person whose discharge is to be reviewed.) (Print or type all the information.)*

<b>a. BRANCH OF SERVICE</b> <i>(X one)</i>		<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input checked="" type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> COAST GUARD
<b>b. NAME</b> <i>(Last, First, Middle Initial)</i>		<b>c. PAY GRADE</b> <i>(at time of separation)</i>		<b>d. DATE OF SEPARATION</b> <i>(YYYYMMDD) (Must be between 11 September 2001 and 31 December 2009 for review)</i>		<b>e. SOCIAL SECURITY NO.</b>
Schmoe, Joe J.		E-5		20050324		999-99-9999

**2. FINAL DISABILITY RATING AWARDED BY SERVICE FOR UNFITTING CONDITION(S)** *(X one)* ☐ 0% ☐ 10% ☒ 20%

**3. ISSUES WHY THE RATING FOR THE CONDITION(S) WHICH RENDERED THE MEMBER UNFIT SHOULD BE CHANGED:** *(Continue in Item 12 if necessary)*

I would like for my rating to be updated to reflect the VASRD that was in effect in 2005. According to that VASRD, my rating for Intervertebral Disc Syndrome (code 5293) should have been 40% since my physician put me on bed rest for 5 weeks during the 12 months prior to my separation. I was also given a 10% rating for Diabetes that I would like to have reviewed.

**4. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE:** *(Continue in Item 13 if necessary)*

- DoD rating determination letter
- VA rating decision *(the very first one)*
- DD Form 214/215
- The doctor's prescription for bed rest dated \_\_\_\_\_
- All medical records dealing with my conditions from *(date of first exam for conditions)* to *(date exactly 1 year after separation date)*
- *(All further evidence dealing with your conditions)*

**5. VETERANS AFFAIRS (VA) RATING INFORMATION** *(X one)*

I have received a VA disability rating that includes the condition(s) for which I was found unfit. If Yes, I have also been rated for other conditions *(list all other conditions in Item 14).*

☒ YES

☐ NO

☐ N/A

**6. VA CONSENT** *(X one)*

To review my service disability rating, I ☒ do ☐ do not consent to release my VA records.

**7.a. COUNSEL/REPRESENTATIVE** *(If any) NAME* *(Last, First, Middle Initial) AND ADDRESS* *(See Item 7 of the instructions on Page 3 about counsel/representatives.)*

*(Items 7 & 8 are only used if you have someone else filing these forms for you.)*

**b. TELEPHONE NUMBER** *(Include Area Code)*

**c. E-MAIL**

**d. FAX NUMBER** *(Include Area Code)*

**8. APPLICANT MUST SIGN IN ITEM 11 BELOW.** If the record in question is that of a deceased or incompetent person, **LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION.** If the application is signed by other than the applicant, indicate the name *(print)*

and relationship by marking a box below.

☐ SPOUSE ☐ WIDOW ☐ WIDOWER *(Specify)* ☐ OTHER ☐ LEGAL REPRESENTATIVE ☐ NEXT OF KIN

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1313 Mockingbird Lane, New York, NY 21002	<b>c. CELL PHONE NUMBER</b> <i>(Include Area Code)</i> <div style="text-align: center; color: red; font-weight: bold;">999-999-9999</div>
	<b>d. E-MAIL</b> <div style="text-align: center; color: red; font-weight: bold;">jollyjoe85@giggle.com</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <b>10. I have read the attached instruction for this item and understand that by requesting this review I give up my right under 10 U.S.C. 1552 to petition my Service's Board for Correction of Military/Naval Records to review and correct the rating for the medical condition(s) which made me unfit. I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. (U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)</b> </div> <div style="width: 25%; text-align: right;"> <b>CASE NUMBER</b>  <i>(Do not write in this space)</i> </div> </div>	
<b>11.a. SIGNATURE (REQUIRED)</b> <i>(Applicant or person in item 8 above)</i>  <div style="color: red; font-weight: bold;">Joe Schmoe</div>	<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>  <div style="color: red; font-weight: bold;">20180523</div>
<b>12. CONTINUATION OF ITEM 3</b> <i>(If applicable)</i>	
<b>13. CONTINUATION OF ITEM 4</b> <i>(If applicable)</i>	
<b>14. CONTINUATION OF ITEM 5</b> <i>(If applicable)</i>  <div style="color: red; font-weight: bold;"> I was also given a VA rating for the following:  Type II Diabetes, code 7913, 10%  Hypertension, code 7101, 10% </div>	
<b>15. REMARKS</b> <i>(If applicable)</i>  <div style="color: red; font-weight: bold;">Thank you for reviewing my case.</div>	
<b>MAIL COMPLETED APPLICATIONS TO THE ADDRESS BELOW:  PHYSICAL DISABILITY BOARD OF REVIEW  SAF/MRBD  3351 CELMERS LANE  JBA NAF WASHINGTON, MD 20762-4390</b>	