

# ABBREVIATED MEDICAL EVALUATION BOARD REPORT

## SECTION 1: CLINICAL INFORMATION (TO BE COMPLETED BY MEDICAL OFFICERS)

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Proposed start date for limited duty: \_\_\_\_\_ Proposed end date ( $\leq 6$  months): \_\_\_\_\_

This period of limited duty is for: (Select one)

- 1st LIMDU ( $\leq 6$  months) Enlisted ADSM (no referral to service headquarters necessary).
- 2nd LIMDU ( $\leq 6$  months) Enlisted ADSM (no referral to service headquarters necessary). Note that the first and second TLD periods cannot exceed 12 months cumulatively from the date of the first TLD period.
- 1st LIMDU ( $\leq 6$  months) Officer ADSM (referral to service headquarters necessary).
- 2nd LIMDU ( $\leq 6$  months) Officer ADSM (referral to service headquarters necessary).
- 3rd or subsequent LIMDU periods on Navy and Marine ADSM involving a distinctly different condition than that responsible for the first and second TLD periods (for referral to service headquarters for "departmental review").
- Placement on LIMDU - if the patient is not already in a LIMDU status - at the same time the patient's case is referred to the physical evaluation board for adjudication.

Diagnosis: (1) \_\_\_\_\_ ICD-9 CM Code \_\_\_\_\_  
(2) \_\_\_\_\_ ICD-9 CM Code \_\_\_\_\_  
(3) \_\_\_\_\_ ICD-9 CM Code \_\_\_\_\_

Circumstances of injury/illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment plan:

\_\_\_\_\_  
\_\_\_\_\_

Limitations from full duty (including whether transfer/TEM DU for treatment is indicated, and any PRT limitations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed MEB Member Name and Signature/Date

\_\_\_\_\_  
Printed MEB Member Name and Signature/Date

\_\_\_\_\_  
Printed CA Name and Signature/Date

## SECTION 2: PATIENT INFORMATION, TO BE COMPLETED BY PATIENT

I have received full information on the proposed Limited Duty period from my provider. I understand that this period of limited duty is not effective until approved by the MTF Convening Authority, and that the MTF will report this LIMDU action to my parent command. I understand I may be returned to duty prior to the date appearing above as my clinical condition warrants and upon action by my attending provider.

\_\_\_\_\_  
Patient Signature/Date

## SECTION 3: TO BE COMPLETED BY PATIENT ADMINISTRATION OFFICER/MEDICAL BOARDS OFFICER

The following actions have been completed:

- Completion of Patient Information Sheet
- Briefing to Patient on Limited Duty/MEBs
- Notification to PSD/Personnel Office
- Notification to MTF LIMDU Coordinator
- LODD Requested from Parent Command (if LODD required)
- Notification to Parent Command
- Entry into MedBOLTT

\_\_\_\_\_  
Patient Administration Officer/Medical Boards Official Printed Name, Signature, and Date

**ROUTING:** Original to Patient Health Record; copies to Patient, Parent Command, PSD, ME BR Case File, and PERS-4821 or MMSR-4

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PREVIOUS EDITIONS OBSOLETE