

GO Physical Requirements Checklist

DD Form 2808 (Ensure following items are completed and any additional forms are attached to the physical when uploading into MATS):

RANK/NAME: _____ **LAST 4 SSN:** _____

DATE OF PHYSICAL: _____

- Block #1 – date of physical
- Block #15c – ARNG GOFRB for purpose
- Block #16 – name/address of exam facility
- Block #17-40 – ALL blocks checked normal or abnormal
- Block #30 –prostate gland exam(males)/stool guiac result (male and female)
- Block #41 – PAP Smear/OBGYN is up to date per current recommendations and screening guidelines (and annotated in block #52a).
- Block # 45 a and b – urinalysis **lab report form** included
- Block #49 – **last HIV draw date** to be annotated
- Block #52 – EKG print-out with interpretation
Mammogram date/documentation current within two years
Laboratory report forms for: cholesterol/fasting blood sugar/PSA (for males over 40yrs)
- Block #53 – height in inches
- Block #54 – weight in lbs (DA Form 5500/1-R if appropriate)
- Block #58 – blood pressure reading
- Block #61 – uncorrected and corrected distant vision
- Block #62 – refraction by auto-refraction or manifest
- Block #63 – uncorrected and corrected near vision
- Block#70 – intraocular tension readings
- Block #71a – audiometer readings 500Hz – 4000Hz each ear
- Block #74a – qualified/not qualified status (based on AR 40—501 Ch3)
- Block#74b – PULHES IAW AR 40-501 Ch 7.
- Block#77 – summary of defects and diagnoses recorded by examiner
- Block#78 – recommendation for further examinations as indicated
- Block#81a – signature of examining physician/provider
- Block#84b – signature of reviewing officer/approval authority
(REQUIRED if mid-level provider completes physical exam).
- Block#85 – signature for administrative completeness and accuracy

GO Physical Requirements Checklist

DD Form 2807 (Ensure following items are completed and any additional forms are attached to the physical when uploading into MATS):

- Block #3 – date of physical
- Block #5 – name and complete address of examination facility
- Block #8 – medication currently used
- Block #9-28 – appropriate response must be recorded for each entry
- Block #18 – must be recorded for all female officers
- Block #29 – all positive responses recorded in #9through#28, must be fully addressed by the examining physician
- Block #30b and c – should include printed name, signature of the examining physician

OFFICER EVALUATION REPORTS
REF: AR 623-3, NGR 600-100 paragraph 11-8a(9)

1. A special Officer Evaluation Report (OER) (Submission Code: 32) can be submitted a) if the officer's position has changed from his/her last OER; or b) a significant change has occurred in current position from last OER. The actual "thru" date of the report will be **8 July 2014**.

2. OERs missing from an officer's OMPF can affect the GOFRB review. These OERs should be processed immediately at the State and forwarded to HRC. Ensure the transmittal document is annotated "**ARNG GOFRB DOCUMENTS**" to avoid a delay in processing and ensure the documents are added to the officer's OMPF. **NOTE:** All OERs are required to be posted on the OMPF. If there are any gaps throughout the appropriate rating periods during the officer's entire career, they must be filled with an OER, AER or a document indicating a non-rated period (NGB Form 25). **STATES MUST VERIFY THAT ALL OF THE OERs HAVE BEEN PROFILED AND PLACED ON THE OMPF.**

3. When applicable, request(s) for non-rated time will be submitted to NGB-HRP-C. Requests for OERs and non-rated time for periods of service other than ARNG (i.e. USAR, Active Army, Air Force, etc.) must be processed through the appropriate agency.

PHYSICAL EXAMINATION

REF: AR 40-501, AR 600-9, NGR 600-100 paragraph 11-4i

1. Officers will not be considered without an approved physical. **Please do not confuse the physical examination with the Periodic Health Assessment (PHA). The PHA does not meet the physical exam requirement.** Physical examinations have proven to be the most time consuming and the most difficult to finalize during the board preparation process. Time is the key factor in the process, as well as providing the appropriate documents for approval. **IT IS CRUCIAL THAT THE PHYSICALS ARE COMPLETED AND FORWARDED TO the State Surgeon's Office IN A TIMELY MANNER TO BE LOADED INTO THE MEDICAL ACTION TRACKING SYETEM (MATS).** **NOTE: Physicals will not be forwarded to NGB-GO.** All physicals must be completed by **active component facilities or MEPS (no exceptions)**. Physicals completed by National Guard/Reserve units and State surgeons are not authorized for this process and will be returned. Recommend State surgeons review physicals and assist with additional requirements, as necessary. Nominees will not board without an approved physical. **Please forward the approved memorandum from MATS to NGB-GO once completed.**

2. Physical includes: DD Form 2807, DD Form 2808, DA Form 3349 (Physical Profile), Lab results, and EKG reading. If needed, forward DA Form 5500 (Body Fat Content Worksheet).

3. AR 40-501, paragraph 10-8d states, "Physical examinations for promotion to General Officer will be obtained at Active Component Medical Activities (MEDDAC) or Medical Center (MEDCEN) facilities, within the **six (6) months** prior to the date of the convening selection board."

4. All examinations will be completed by an active component military treatment facility (MTF) or military entrance processing station (MEPS). An MTF is defined as an active duty Army, Navy, or Air Force Medical Clinic, Hospital or Medical Center.

5. NGB-GO **strongly recommends** that the State Surgeon screen all documents. The exam facility may use the electronic version of the forms (DD 2808/2807) and all Soldiers over 40 need intraocular pressures performed (the number on the form for this test depends on which form is being used). Males over 40 also need a blood test called Prostatic Specific Antigen (PSA). Also, as before, female AGR Soldiers over 40 need a mammogram current within 2 years if under 50 and annually if over 50. Appropriate medical consultations must be included for all surgeries, orthopedic problems, ulcers, and all other conditions that required medical treatment. Special attention should be paid to the following items:

a. DD FORM 2808:

- (1) #1, date of physical examination, must be entered.
- (2) #15c, purpose examination may be ARNG GOFRB
- (3) #16, name and complete address of physical examination facility.
- (4) #17 through #40, checked "normal" or "abnormal", as appropriate.
(#28) A mammogram is required for all female officers. The examining physician must address all abnormal findings in the "notes" section.
- (5) #30, prostate gland exam(males)/stool guiac result (male and female)
- (6) #41, PAP smear/OBGYN is up to date per current recommendations and screening guidelines (and annotated in block #52a).
- (7) #45a-b, urinalysis laboratory report form included.
- (8) #49, last HIV draw date to annotated.
- (9) #52, EKG print-out and interpretation
Mammogram date/documentation current within two years
Laboratory report forms for: cholesterol/fasting blood sugar/PSA (for males over 40yrs)
- (10) #53, height in inches,
- (11) #54, weight, must be entered. DA Form 5500/1-R (Body Fat Content Worksheet)
- (12) #58, blood pressure reading
- (13) #61, uncorrected and corrected distant vision
- (14) #62, Refraction by Auto-refraction or manifest
- (15) #63, uncorrected and corrected near vision
- (16) #70, intraocular tension readings.
- (17) #71a, audiometer readings 500Hz – 4000Hz each ear
- (18) #74a, qualified/not qualified status (based on AR 40—501 Ch3)
- (19) #74b, PULHES IAW Ar40-501 Ch 7.
- (20) #77, summary of defects and diagnoses recorded by examiner
- (21) #78, recommendation for further examinations as indicated
- (22) #81a, signature of examining physician/provider
- (23) #84b, signature of reviewing officer/approval authority (REQUIRED if mid-level provider completes physical exam).
- (24) #85, signature, rank and date of examiner for administrative completeness and accuracy.

b. DD 2807-1:

- (1) #3, date of physical examination, must be entered.
- (2) #5, name and complete address of physical examination facility
- (3) #8, medications currently used.
- (4) #9 through #28, appropriate response must be recorded for each entry.
- (5) #18, must be recorded for all female officers.
- (6) #29, all positive responses recorded in #9 through #28, must be fully addressed by the examining physician.
- (7) #30b, and c should included printed name, signature of the examining physicians.

RACE AND GENDER ANALYSIS DATA
REF: DoD Instruction 1320.4

1. An original Race and Gender Analysis Data sheet for the appropriate grade must be completed and forwarded to NGB-GO **with each nomination packet**.
2. All calculations must be based on the date the GOFRB is scheduled to convene. "As of" date should be the date signed by the Adjutant General. If using the category "Other," then "Other" must be defined. Each form must be signed by **the Adjutant General; unless the nomination letter is from the Governor, then the Governor must sign the form, signature authority may not be delegated.**
3. Review boxed instructions of the example on page 45.

Example

Example

This is who was recommended by the State for consideration by the Board.

		Male		Female		Total	
		O-6 Eligibles	Recommended for Fed Rec	O-6 Eligibles	Recommended for Fed Rec	O-6 Eligibles	Recommended for Fed Rec
Potential candidates for O-7 COL JOHN Q. SHAFF All currently assigned O-6s in the State who were eligible for consideration (TIG, etc.) must be included in the number breakout for O-6 Eligible.	White	4	0	1	0	5	0
	Black	2	0	1	1	3	1
	Hispanic	1	0	0	0	1	0
	Nat Amer	0	0	0	0	0	0
	Asian	0	0	0	0	0	0
	Other *	1 ()	0	0	0	1	0
	Total	8	0	2	1	10	1

This column must balance across and down.

All rows and columns MUST have an entry. No blanks.

Potential candidates for O-7
COL JOHN Q. SHAFF
 All currently assigned O-6s in the State who were eligible for consideration (TIG, etc.) must be included in the number breakout for O-6 Eligible.

* "Other" = must specify

Eligibility: Number of officers in the state, who have served minimum required time in grade, meet all MRD/MSD and military education requirements for Federal recognition to next higher grade.

Eligibility data does not consider:

- Medical Fitness
- Height/Weight Standards
- Civilian Education
- Physical Fitness Results
- Geographic Availability

If not listed in one of the 5 categories above then must use "Other" and specify what that is.

- Note:**
- All calculations must be based on the date the Federal Recognition Board is scheduled to convene.
 - Each form **must** be signed by the Adjutant General.

Must be signed by the AG. Include signature block below the line.

Example

 The Adjutant General

----- **EXAMPLE** -----
----- **Withdrawal Memo** -----

STATE LETTERHEAD

XXX-XXX

Date _____

MEMORANDUM FOR Chief, National Guard Bureau, ATTN: NGB-GO, 111 South George Mason Drive, Arlington, VA 22204-1382

SUBJECT: Withdrawal my nomination of: Col John Q. Guard for a Federal Recognition/Certificate of Eligibility

1. I am withdrawing my recommendation of the following named officer for the 13B GOFRB in the Army Nation Guard:
 - a. Name:
 - b. Date of Birth:
 - c. Date of Rank:
2. Any questions can be directed to the undersigned at XXX-XXX-XXXX or email xxx.xxxxx@us.army.mil.

Signature Element
TAG