

Appendix 4						
COMMANDER'S PERFORMANCE & FUNCTIONAL STATEMENT						
AUTHORITY:						
PURPOSE: To provide information on the impact a medical impairment has on the ability of military personnel to perform their military duties, and to document administrative actions.						
Section I: SOLDIER DEMOGRAPHIC INFORMATION						
1. DATE(YYYYMMDD)	2. LAST NAME	FIRST NAME	MIDDLE INITIAL	3. SSN:	4. PMOS / BASD	
4. COMPONENT	5. AGE	6. UNIT OF ASSIGNMENT				
Section II: FUNCTIONAL STATEMENT						
Description				YES	NO	COMMENTS REQUIRED IN SECTION V
7. Soldier is performing duties in his/her MOS.						
8. Soldier is in an appropriate TO&A or TDA position for his/her grade and MOS.						
9. Soldier can perform his/her assigned MOS duties in the unit.						If answer is NO
9a Soldier performs alternate duty well.						If answer is NO
10. Soldier's medical condition/limitations affect the unit accomplishing its mission.						
11. Soldier keeps all medical appointments.						If answer is NO
12. Soldier has healthcare appointments on a regular basis.						If answer is NO
		< 1 time/wk	1-3 times/wk	3-5 times/wk	>5 times/wk	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
Section III:INDUSTRIAL CAPACITY STATEMENT:						
				YES	NO	COMMENTS REQUIRED IN SECTION V
13. Soldier works an 8-hr duty day.						If answer is NO
14. If Soldier is not working, it is because he/she is going to appointments.						If answer is NO
15. Soldier is able to remember locations, work-like procedures and instructions.						If answer is NO
16. Soldier is able to maintain a level of attention and focus to carry out instructions and complete tasks in a timely manner.						If answer is NO
17. Soldier is able to communicate effectively with others.						If answer is NO
18. Soldier is able to relate civilly to supervisors and other workers.						If answer is NO
19. Soldier is able to sustain an ordinary routine without extra supervision.						If answer is NO
21. Soldier is able to make basic work-related decisions.						If answer is NO
22. Soldier is able to perform without an unreasonable number and duration of rest periods.						If answer is NO
23. Soldier is able to ask simple questions and request help when appropriate.						
24. Soldier is able to respond appropriately to changes in routine.						
25. Soldier is able to be aware of safety hazards and take appropriate precautions.						
26. Soldier has healthcare appointments on a regular basis.						If answer is NO
27. The Commander has reviewed, completed block 19 and 20 and signed Soldier's Profile DA Form 3349.						
28. The Commander agrees with the Soldier's Permanent Profile as written.						If answer is NO
29. Soldier is compliant with profile.						If answer is YES
30. Soldier is charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge.						If answer is YES

31. Soldier is pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer). CHAPTER _____, PARA _____					If answer is YES (Specify the chapter and paragraph)
32. Soldier is pending voluntary retirement. Date retirement approved: _____					If answer is YES (List date retirement was approved)
LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN:		
SECTION V: COMMENTS: Provide comments if required by SECTION II, III or SECTION IV:					
<div style="border: 1px solid black; height: 500px; width: 100%;"></div>					
SECTION VI: COMMANDER'S VALIDATION AND SIGNATURE					
1. PRINTED NAME		2. RANK	3. TITLE		
4. UNIT ADDRESS			5. PHONE NUMBER		
6. SIGNATURE	7. E-MAIL ADDRESS	8. DSN	9. FAX NUMBER		