ENTRANCE PHYSICAL STANDARDS BOARD (EPSBD) PROCEEDINGS		DATE
NAME OF SERVICE MEMBER (Last, First, MI)	2. SSN	3. GRADE
MEDICAL TREATMENT FACILITY 5. COMPONENT	6. ORGANIZATION	7. DATE ENTERED CUR TOUR OF AD
FINDINGS BY THE EV	ALUATING PHYSICIANS	
After careful considerations of medical records, laboratory, findings, and m nfit for appointment or enlistment in accordance with current medical fitness xisted prior to service. The member has the following medical conditions an	edical examinations the board finds that th	e service member was medically ing physicians the condition(s) ary).
STATE PROFILE AND ASSIGNMENT LIMITATIONS		
0. TYPED NAME, GRADE & SPECIALTY OF PHYSICIAN(S)/DENTIST(S)	11. SIGNATURE(S)	
2. THE FINDINGS ARE	APPROVING AUTHORITY	
APPROVED DISAPPROVED (State reason in continuation	on section on reverse. Identify by Item No.)	
3. TYPED NAME, GRADE & TITLE OF MEDICAL APPROVING AUTHORITY	14. SIGNATURE	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	
	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 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 exist prior to service (specified medical evidence is attached) and request my case be returned to the medical approving authority for reconsideration.			
I disagree with these proceedings because my condition was not disqualifying on entry and was aggravated by service (specific medical evidence is attached) and request my case be returned to the medical approving authority for reconsideration.			
22. TYPED NAME, & GRADE OF SERVICE MEMBER	23. SIGNATURE	24. DATE	
ACTION BY UN			
25. RECOMMEND SERVICE MEMBER BE DISCHARGED/SEPARATE			
26. TYPED NAME, GRADE & TITLE	27. SIGNATURE	28. DATE	
29. SERVICE MEMBER WILL BE			
DISCHARGED/SEPARATED FROM THE ARMY.			
30. TYPED NAME, GRADE & TITLE	31. SIGNATURE	32. DATE	
CONTINUATION (Identify each continued item by number)			
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