



FOR OFFICIAL USE ONLY

[COMMAND LETTERHEAD]

In reply refer to:  
Serial Code  
Date: DD/MMM/YY

From: Commanding Officer  
To: Medical Treatment Facility

Subj: NON-MEDICAL ASSESSMENT (NMA) IN THE CASE OF (member's full name, rank/rate, SSN, service/component-regular, reserve, AR, FTS)

Ref: SECNAVINST 1850.4E

**1. Purpose:** The Non-Medical Assessment (NMA) is a major component of the Physical Evaluation Board's (PEB) adjudication, and is vital to the timely, fair, and transparent determination of whether a member is Fit or Unfit for continued naval service. The NMA provides evidence of the member's ability to perform his/her duties independent of the physician's clinical estimate. **Part I**, the "Questionnaire," collects required data regarding the service member. **Part II**, the "Commanding Officer's Comments," requires the CO to be as specific as possible about the duties and responsibilities the member is capable of performing. We highly encourage supplementing your answers with any relevant information concerning the member's fitness for continued naval service.

**PART I: Questionnaire.**

**2.** The Commanding Officer submits the following assessment to assist the PEB in their determination of Fitness/Unfitness in the case of SNM:

**a.** Service member's MOS/Primary Specialty; Rate/NEC: \_\_\_\_\_  
(Examples: 0311/Rifleman; MM3/Nuclear Machinist Mate/3385 etc.).

**b.** Member's current position or assignment: \_\_\_\_\_

**c.** Is the member currently working out of his/her specialty because of the medical condition? **(Yes/No)**. If the member is working out of his/her specialty could the member perform in his/her rating? **(Yes/No)**.

**d.** Date member passed the last "full" PRT/PFT: \_\_\_\_\_ **(MM/YY)**.

**e.** Did the member take the most recent PRT/PFT? **(Yes/No/Partial)**.

If "No," why didn't the member take the PRT/PFT?

If "Partial PRT/PFT," what events were waived and why?

- f. Member's height and weight: \_\_\_\_\_ (**inches/lbs.**). If not within weight standards, what is the member's body fat percentage? \_\_\_\_\_ (**%**).
- g. Is the member within weight and body fat standards? (**Yes/No**). If "No," is the member on an official weight control program? (**Yes/No/NA**).
- h. To your knowledge, is the member fully attending all appointments and complying with all recommended treatments? (**Yes/No**).  
 Has the member complied in the past? (**Yes/No**).  
 If non-compliant, did the appropriate authority advise the member in writing of the medically proper course of treatment, therapy, medication, or restriction? (**Yes/No**).  
 If the member is non-compliant, please explain why.
- i. What is the average number of work hours per week that the member's condition required the member to be away from his/her current duties for treatment, evaluation, and/or recuperation? (\_\_\_\_\_ **hours**).
- j. Is the member pending disciplinary action or involuntary administrative separation for misconduct? (**Yes/No**). If "Yes," please identify the administrative/disciplinary proceeding and the expected processing/completion date.
- k. What is the member's current length of service and date of entry into active/reserve service?  
**LOS:** \_\_\_\_\_ (**years/months**); **ADSD/ADBD:** \_\_\_\_\_ (**mo/yr**).  
**Active Duty Years:** \_\_\_\_\_ (**years/months**).  
**Reserve Satisfactory Years:** \_\_\_\_\_ (**years/months**).  
**Reserve Retirement Eligible (Yes/No).**
- l. Considering the member's current physical and mental condition, is he/she worldwide assignable? (**Yes/No**).
- m. Does the member have good potential for continued service in his/her present physical and mental condition? (**Yes/No**). If "No," please explain why not.
- n. Does the member *expressly state* that he/she desires to continue his/her military service? (**Yes/No**). (**Please obtain the member's statement directly**).
- o. Regarding Permanent Limited Duty (PLD) of active duty members, would you recommend that Naval Personnel Command/Headquarters Marine Corps authorize the member's retention on active duty in a Permanent Limited Duty (PLD) status, if found Unfit? (**Yes/No**).  
 Do you recommend PLD unconditionally? (**Yes/No**); **or**  
 Do you recommend PLD only to complete retirement eligibility? (**Yes/No/NA**); **or**  
 Do you recommend PLD only to EAS? (**Yes/No/NA**).  
 If "No" to any of the above, please explain why.

p. Did the member's injury occur in a combat-zone tax exclusion area as defined in DoD Financial Management Regulation, Vol. 7A, Chapter 44, Section 440103(a) (*Available at <http://www.defenselink.mil/comptroller/fmr/>*)? **(Yes/No)**. If yes, date and location of injury.

**PART II: Commanding Officer's Comments.**

The Commanding Officer Comments explain how the member's medical condition affects the member's ability to perform the duties of his/her MOS/Rate, and the resulting impact on the command. Although a non-medical assessment, the CO should review the member's Medical Board (MEB) and/or medical record to understand the member's medical condition before writing the NMA. Please note that the NMA is not a promotion evaluation, and remains in the member's medical record. Please use additional pages as necessary.

3. The Commanding Officer submits the following comments to assist the PEB in their determination of Fitness/Unfitness in the case of SNM:

*Example: The member can no longer be a (office, grade, rank, rate/MOS) because he/she can no longer do \_\_\_\_\_. Being able to do \_\_\_\_\_ is a requirement of his/her (office, grade, rank, rate/MOS, service).*

a. Include an explanation on what the member substantively can or cannot do regarding the primary duties of his/her MOS/Rate.

b. Include an explanation on whether the member can perform his/her primary duties in garrison/shore and/or in a field/sea duty environment.

c. If personally known, include date and description of the event (**Who, What, Where, When, How**) which caused the injury.

d. Was a Purple Heart (PH) awarded for this injury? **(Yes/No)**

e. Was a Combat Action Ribbon (CAR) awarded for this injury? **(Yes/No)**

4. POC at this command is \_\_\_\_\_ (name/rank/position) at (Commercial) \_\_\_\_\_/(DSN) \_\_\_\_\_ or (email) \_\_\_\_\_.

\_\_\_\_\_  
Commanding Officer Signature  
Commanding Officer Name  
By Direction?