

PSEUDOFOLLICULITIS BARBAE (PFB) SHAVING WAIVER/EVALUATION/DISPOSITION	
LAST NAME FIRST NAME M.I.	SSN (LAST 4 DIGITS)
<p>MEDICAL OFFICER INITIAL EVALUATION</p> <p><input type="checkbox"/> No PFB or other medical condition that prevents shaving</p> <p><input type="checkbox"/> Pseudofolliculitis Barbae (PFB)</p> <p><input type="checkbox"/> Facial Nodulocystic Acne</p> <p><input type="checkbox"/> Other:</p>	
NAME OF MEDICAL OFFICER/RANK	SIGNATURE/DATE
Due to the medical condition as specified above NO SHAVING of facial hair is recommended on a temporary basis for:	
SPECIFY PERIOD OF TIME	TITLE/SIGNATURE/DATE
<p>MEDICAL OFFICER/SMDR DOCUMENTATION FOR PFB PROTOCOL COMPLETION:</p> <p><input type="checkbox"/> PHASE I _____ SIGNATURE/TITLE/DATE</p> <p><input type="checkbox"/> PHASE II _____ SIGNATURE/TITLE/DATE</p> <p><input type="checkbox"/> PHASE III _____ SIGNATURE/TITLE/DATE</p> <p><input type="checkbox"/> PHASE IV _____ SIGNATURE/TITLE/DATE</p>	
FAILURE OF PFB PROTOCOL RECOMMENDATION	
This Navy service member has failed the established PFB protocol. A permanent "NO SHAVE" status is recommended.	
SIGNATURE/TITLE	DATE
COMMANDING OFFICER DECISION	
<p><input type="checkbox"/> A permanent "NO SHAVING" status is authorized.</p> <p><input type="checkbox"/> Refer to NAVPERSCOM (PERS-83) for Administrative Separation</p>	
NAME/RANK/TITLE	SIGNATURE/DATE