

DEPARTMENT OF THE NAVY  
Naval Hospital  
P. O. Box 10100  
Camp Lejeune, North Carolina 28547-0100

MEMORANDUM

Date: 17 MARCH 1997

From: Patient Administration Department, Medical Board Section  
To: Commanding Officer,

Subj: PHYSICAL EVALUATION BOARD

1. CPL RONNIE L. KIMBLE, USMC, is being processed for a Physical Evaluation Board (PEB).

2. The member will be given information regarding the process of the Physical Evaluation Board following a class on FRIDAY, 21 MARCH 1997 at 0700 (CLASS ROOM C)

3. If the member is a "NO SHOW" for the appointment you will be notified.

4. If the member needs to reschedule his/her appointment please contact the medical board section twenty-four (24) hours prior to the scheduled appointment.

5. Point of contact is Mrs. Rhodes at 451-4588.

  
Sharon Rhodes  
Physical Evaluation Board Counselor

I hereby acknowledge I have been informed that I am being placed on a Physical Evaluation Board (PEB). I understand that I have an appointment scheduled for FRIDAY, 21 MARCH 1997 AT 0700 (CLASS ROOM C) for counseling of the Physical Evaluation Board.

  
\_\_\_\_\_  
Member's Signature



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL  
P.O. BOX 10100  
CAMP LEJEUNE, NORTH CAROLINA 28547-0100

IN REPLY REFER TO:  
6100  
15A3  
21 MAR 97

From: Commanding Officer, Naval Hospital, Camp Lejeune, NC  
To: Commanding Officer, 1 COMPANY, 3/2, 2D MARDIV., CLNC

Subj: MEDICAL BOARD IN THE CASE OF CPL RONNIE L. KIMBLE, USMC,

Ref: (a) MANMED Chapter 18  
(b) SECNAVINST 1850.4C

1. The above named member is being processed for a PHYSICAL EVALUATION BOARD.

2. Initial Diagnosis are: HYPERSOMOLENCE

3. Recommended Limitations of Duty are: NO PFT, DRILLING, SQUATTING, DIGGING, FIRING RANGE, PROLONGED STANDING, FORMATION (OVER 10 MINUTES), DRIVING MILITARY VEHICLES, LIFTING WEIGHTS (OVER 10 LBS), GUARD DUTY, KNEELING, JUMPING, CRAWLING.

4. The member is non-deployable. We request the member not be granted leave until the medical board is signed. Member may be granted liberty per discretion of the member's command provided they are in compliance with the limitations. Emergency leave may be granted per command's approval. If granted, please notify the Medical Board Section.

5. We request written notification if member is pending disciplinary action or administrative separation, as these take precedence over a medical board.

6. Member is directed to report to the Medical Board Section to read and sign the medical board dictation on 09 APRIL 1997 at 1300.

7. Member is directed to report to the Medical Board Section to attend the mandatory PEB/DTAP class on 09 APRIL 1997 at 0800.

8. Member is directed to report to his/her BAS or Dispensary to have a physical exam. A copy of the physical exam must be forwarded or hand-delivered to the medical board section when completed.

9. Point of contact at this command is Mrs. Rhodes, Medical Boards, at 451-4588.

M. S. CURNOW  
By direction

Copy to:  
Member  
File  
Health Record  
BAS

DATE 21 MAR 97

MORANDUM

From: Disability Evaluation System Counselor, Naval Hospital, CLNC  
To: CPL RONNIE L. KIMBLE, USMC,

Subject: DISABILITY TRANSITION ASSISTANCE PROGRAM (D-TAP)

References: (a) SECNAVINST 1850.4C  
(b) MILPERSMAN 3620270  
(c) MCO P1900.16 Chap 8

Public Law 101-510, extended D-TAP nationwide for all service members awaiting discharge for disability or who believe they have a disability qualifying them for vocational rehabilitation. Attendance at D-TAP is mandatory unless the service member cannot attend for reasons beyond his or her control.

You are currently being processed in accordance with references (a) and (b) or (c) for determination of Fit for Duty by reason of the submission of a medical board reporting a condition(s) which may be considered unfitting for your continuation of military service.

The next D-TAP program will be held on 09 APRIL 97 beginning at 0800, located at Naval Hospital, Camp Lejeune, NC.

This program will explain the disability procedures as your case is processed and Veterans Administration Rights, Benefits and Vocational Rehabilitation to which you may be entitled. Your attendance is mandatory. Failure to attend may result in administrative action being taken. If you cannot make the above scheduled date for any reason, your command must contact me at least 24 hours prior to the course at 451-4450 to be rescheduled.

  
W. T. GIBSON, MSC  
DES Counselor

Subject: DISABILITY TRANSITION PROGRAM (D-TAP)

CPL RONNIE L. KIMBLE, USMC, \_\_\_\_\_, have been informed that I must attend the D-TAP 09 APRIL 97 AT 0800. I understand that I have been scheduled to attend the next class and it is to my advantage to attend the class. I also understand that failure to attend may result in administrative action being taken.

  
\_\_\_\_\_  
(Member's Signature)

Copy to:  
file  
member  
MSC

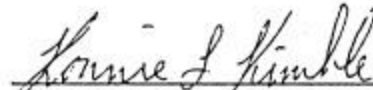
Subj: MEDICAL BOARD IN THE CASE OF CPL RONNIE L. KIMBLE, USMC,

STATEMENT OF AWARENESS

I hereby acknowledge I have been informed that my medical board is being processed. I have been informed of the following appointments (appointment to read and sign dictation, appointment to attend DTAP). I have been notified that I need to contact my BAS/Dispensary to have a physical exam. I have also been informed of the preliminary lab work requirements prior to a physical exam.

I understand that a copy of the physical exam should be forwarded or hand-delivered to the Medical Board Section after it has been completed. I understand that my medical board cannot be forwarded to the Physical Evaluation Board Office without full documentation to include the physical exam.

I understand until the board is signed I am to remain in the vicinity of my command. I further understand in case of emergency, I am to contact the Disability Evaluation System Counselor, at 451-4450 and I am to return to the Naval Hospital when directed. I further understand that if I go on leave I am to notify the Disability Evaluation System Counselor of my leave address and phone number.

  
\_\_\_\_\_  
Member's Signature

Copy to:  
Member  
File  
Health Record  
BAS