# UNITED STATES AIR FORCE
# BOARD FOR CORRECTION OF MILITARY RECORDS

## RECORD OF PROCEEDINGS

**IN THE MATTER OF:** Work-Product

**DOCKET NUMBER:** BC-2021-00850

**COUNSEL:** NONE

**HEARING REQUESTED:** NO

## APPLICANT'S REQUEST

The Secretary of the Air Force Personnel Council's (SAFPC) decision to find him unfit with a disability rating of 20 percent and a recommendation of discharge with severance pay (DWSP) be changed to a medical retirement.

## APPLICANT'S CONTENTIONS

In 2005, the Department of Defense (DoD) failed to thoroughly analyze his existing medical records for all medical conditions at the time of his disability evaluation. He should have been medically retired with a 100 percent disability rating. During his disability evaluation processing in 2005, the Physical Evaluation Board (PEB) did not have nor consider rating decisions from the Department of Veterans Affairs (DVA) which noted impairment ratings for a variety of service-connected medical conditions. Specifically, the decision letters from the DVA confirmed that as of 1 Apr 03, the DVA had already classified him as 70 percent service-connected disabled, according to their guidelines, and this was two years prior to the PEB meeting. If the PEB had access to and reviewed the pre-2005 DVA rating decisions, a more accurate DoD disability rating would have been granted.

To support his request, the applicant submitted several DVA disability rating decision letters, a Social Security Administration (SSA) disability letter, and medical records pertaining to his disability evaluation process.

The applicant's complete submission is at Exhibit A.

## STATEMENT OF FACTS

The applicant is a retired Air Force Reserve (AFR) master sergeant (E-7).

On 25 Feb 05, AF IMT 618, *Medical Board Report*, indicates the applicant was referred to the Informal Physical Evaluation Board (IPEB) for chronic lower back pain.

Dated 20 Apr 05, AF Form 356, *Informal Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to his medical condition of chronic lower back pain with a disability compensation rating of 10 percent with a recommendation of "DWSP."

Dated 10 Jun 05, AF Form 35*6, Formal Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to his medical condition of chronic lower back pain with a disability compensation rating of 10 percent with a recommendation of "DWSP."

On 8 Aug 05, the applicant's case was reviewed by the Personnel Board of the SAFPC, under the authority delegated by the SAF for consideration of his request for a permanent retirement with a disability rating of 100 percent. The board concurred with the recommendations of the pervious boards for a disposition of DWSP; however, determined the clinical assessment of his back was more consistent with a 20 percent disability rating as outlined in the Veterans Affairs Schedule for Rating Disabilities (VASRD) for diseases and injuries of the spine and concluded this singular condition cut the applicant's career short. For his other condition of right shoulder pain, the board found evidence to suggest this was an old injury that likely predated the applicant's most recent period of military service. Due to a past history of a motor vehicle accident in 1970 resulting in a lower back fracture, the board found the applicant may have suffered soft tissue injuries to the back, hip, and/or shoulder during his fall on or about 9 Feb 03; however, found no compelling evidence this fall resulted in the fractures identified on the radiographs but did find it plausible his lower back condition may have been worsened as a result of the fall. The board further noted the applicant's additional medical issues as outlined in his rebuttal; however, found no substantial evidence any of the additional medical conditions would have independently cut the applicant's career short.

Dated 12 Sep 05, Reserve Order Work-Product, indicates the applicant was relieved from his current assignment and assigned to the retired Reserve, effective 3 Oct 05. The applicant attained over 20 years of satisfactory service, where the last eight-years were served in a Reserve component; therefore, the applicant had the option to transfer to the Inactive Status List Reserve Section (ISLRS) for the purpose of applying for a Reserve retirement, at age 60, under title 10, U.S.C. Chapter 12731, in lieu of being discharged with severance pay. The applicant selected such a transfer in lieu of severance pay.

Dated 26 Mar 12, Reserve Order Work-Product, indicates the applicant was authorized retired pay and placed on the USAF retired list, retired Reserve in the grade of master sergeant, effective 8 Jul 12.

For more information, see the excerpt of the applicant's record at Exhibit B and the advisories at Exhibits C, F, and J.

## AIR FORCE EVALUATION

SAF/MRBP recommends denying the application, finding no evidence of an error or injustice. While the applicant contends the PEB failed to consider certain relevant evidence from the DVA, there was no regulatory or statutory requirement for the Informal Physical Evaluation Board

(IPEB), the Formal Physical Evaluation Board (FPEB), or the SAFPC to consider such evidence on its own volition. However, the applicant had at least two opportunities to present this evidence for consideration. His first opportunity was when he appealed the recommendation of the IPEB to the FPEB and his second opportunity was when he appealed the FPEB recommendation to SAFPC. In neither case, did he provide the documentation he now says was pertinent to the original decision in his case. The applicant now comes forward, 16 years after the events in question, claiming his disability evaluation was erroneous when he had two opportunities to provide this additional evidence. Even if he had presented such evidence in real time, the applicant's arguments alone are not sufficient to conclude his disability rating would have been higher.

With respect to the DVA determination, it is important to note there are distinct differences between the DoD and DVA rating decisions that often result in different rating decisions by the two agencies. The military's disability evaluation system (DES), established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C, only offer rated compensation for those service incurred diseases, injuries or medical conditions which specifically rendered the member unfit and caused the early termination of the member's career, and then only for the degree of impairment present at the "snapshot" in time of separation and not based on post-service progression of disease or injury. To the contrary, the DVA, operating under a different set of laws, Title 38, U.S.C., is empowered to offer compensation for any and all medical condition(s) with an established nexus with military service, without regard to its impact upon a member's fitness to serve, the narrative reason for release from service, or the length of time transpired since the date of discharge. In other words, the DVA may rate conditions, while service-connected, did not cause the early termination of the member's military career. The DVA may also conduct periodic reevaluations for the purpose of adjusting the disability rating awards as the level of impairment from a given medical condition may vary (improve or worsen) over the lifetime of the veteran. It is for these reasons rating decisions issued by the military departments and the DVA are often different. Similarly, the Social Security Administration (SSA) determination has no bearing on the DoD decision to find the member unfit for chronic lower back pain (CLBP). As with the DVA, SSA offers disability compensation based on different criteria codified under a different set of laws than the DoD.

A thorough review of the applicant's electronic medical records did not reveal any duty limiting conditions outside that of the lower spine which interfered with his ability to reasonably perform his military duties in accordance to his rank, grade, office, or rating. In this case, despite what conditions and ratings were offered by the DVA and SSA, the DoD and its associated PEB's only consider and recommend impairment ratings for conditions that interfere with military duties. In 2005, the only condition that was identified which interfered with the applicant's military duties was his low back pain. No other conditions or limitations were cited in 2005. In fact, the statement from the commander at the time of his disability evaluation indicated the CLBP did not limit his duty. Ultimately, this application is untimely and the applicant has presented insufficient evidence for the Board to conclude it would be in the interest of justice to waive his requirement to file his application within three years of the date of reasonable discovery. Should the Board decide to waive timeliness, we recommend the Board deny the applicant's request because there is insufficient evidence to conclude the applicant's disability rating of 20 percent was erroneous.

The complete advisory opinion is at Exhibit C.

## APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 26 Jul 21 for comment (Exhibit D), and the applicant replied on 11 Aug 21. In his response, the applicant provided his current DVA disability rating showing he has a combined service-connected disability rating of 90 percent to which he is being paid at the 100 percent rate due to the DVA considering him totally and permanently disabled because of his unemployable status.

On 23 Aug 21, the applicant submitted another response contending the PEB should have assigned a higher disability rating to his case based on his DVA decision letter at the time. The DVA and the SSA found him to be totally disabled while he was still on active duty. His counsel during the DES process assured him the Board had all of his documents from the DVA; therefore, the PEB should have considered the information in his 28 Jun 04, DVA decision letter which showed his right shoulder disability was rated as a major disability at 30 percent along with several other injuries to include hip and back injuries. The applicant provides additional evidence to support his claim as follows, email traffic regarding the Physical Disability Board of Review (PDBR) decision, numerous regulation references, a personal letter from his spouse, a DVA Decision Letter, and SSA Letter.

The applicant's complete response is at Exhibit E.

## ADDITIONAL AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the applicant's request for retirement with a 100 percent rating due to unemployability; based significantly upon evidence not present, or not documented as universally rendering him unemployable, during his period of military service. However, if the applicant presents evidence of an in the line of duty (ILOD) determination for his right shoulder condition, the Medical Advisor recommends, as a matter of justice, the inclusion of an unfit finding and a compensable disability rating for his right shoulder; as determined by the DVA at or about the time of the applicant's discharge, or within the 12 months following discharge; which when combined with the 20 percent disability rating for lumbar pain, could result in eligibility for military disability retirement. Noting the applicant has already been retired under Title 10, United States Code, Section 12731, no action should be taken that would be of financial or other detriment to the applicant. The Medical Advisor concedes, had the applicant's case been processed under the Integrated Disability Evaluation System (IDES) and if the Military Department determined his shoulder ailment was ILOD or permanently aggravated by military service, which it did not, then the 30 percent rating, as assigned by the DVA would have been accepted, depending upon the date and currency of examinations, in determining his final military disposition. The applicant's shoulder disability rating was assigned over two years prior to his release from military service; which in this advisor's opinion, would have warranted a more recent examination of the shoulder, in closer proximity to the PEB proceedings. The Medical Advisor does have a Medical Evaluation Board (MEB) summary specifically depicting an assessment of the applicant's right shoulder, e.g., range of motion. Under contemporaneous policies, DoDI 1332.18, *Disability Evaluation System*, not in effect at the time of the applicant's service, if the

shoulder condition was found unfitting, while serving a period of active duty (31 days or more), there must be clear and unmistakable evidence the condition existed prior to service (EPTS) without permanent aggravation by military service. Although the applicant's clavicle fracture was not consistent with an acute injury, given he was still symptomatic some 19 months post-injury (23 Sep 04), the Medical Advisor would not be able to rule out, through clear and unmistakable evidence, that an indeterminate element of residual functional aggravation occurred secondary to the fall in Feb 03. The magnetic resonance imaging (MRI) scan of the shoulder would have been helpful with this regard. Finally, under DoDI 1332.38, *Physical Disability Evaluation*, in effect at the time of the applicant's discharge, paragraph E3.P4.5. *Evidentiary Standards for Determining Compensability of Unfitting Condition* and subparagraph E3.P4.5.2, *Presumptions for Members on Ordered Active Duty of More Than 30 days*, and subparagraph E3.P4.5.2.1, "A Service member is presumed to have been in sound physical and mental condition upon entering active duty except for medical defects and physical disabilities noted and recorded at the time of entrance." The Medical Advisor found no service evidence of treatment of a shoulder or clavicle ailment or complaint prior to the applicant's injury on or about 9 Feb 03. Under subparagraph E3.P4.5.2.2 - *After Entry*, and subparagraph E3.P4.5.2.2.1- *Presumption*, "Any injury or disease discovered after a Service member enters active duty -- with the exception of congenital and hereditary conditions is presumed to have been incurred in the line of duty (ILOD)." Under subparagraph E3.P4.5.2.3, *Presumption of Aggravation*, the presumption a disease is incurred or aggravated in the line of duty may only be overcome by competent medical evidence establishing by a preponderance of evidence the disease was clearly neither incurred nor aggravated while serving on active duty or authorized training. Such medical evidence must be based upon well-established medical principles, as distinguished from personal medical opinion alone. Preponderance of evidence is defined as that degree of proof necessary to fully satisfy the board members that there is greater than a 50 percent probability the disease was neither incurred during nor aggravated by military service. The chronic changes on the applicant's X-rays of the shoulder and clavicle, on 19 Feb 03, demonstrated findings favoring a non-acute event of greater than a 50 percent probability it was neither incurred nor aggravated by military service. However, the sustainment of clinical symptoms 19 months post-injury, under today's clear and unmistakable standards, the Medical Advisor could not determine, through clear and unmistakable evidence, that there was no possible element of causation or perpetuation of symptoms secondary to the fall which occurred on or about 9 Feb 03. The Medical Advisor cautions against making a retroactive determination based upon policies and procedures not in effect at the time of the applicant's discharge. However, if the applicant produces a document, AF Form 348, *Line of Duty Determination*, showing his shoulder injury was found ILOD, then the Medical Advisor opines consideration should be made for including the applicant's shoulder in the MEB/PEB proceedings and an unfit finding by the Board; but would base the disability rating upon the rating assigned by the DVA, and in effect at or about the time of discharge or within the 12 months post-discharge.

The complete advisory opinion is at Exhibit F.

**APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION**

The Board sent a copy of the advisory opinion to the applicant on 25 Oct 21 for comment (Exhibit G), and the applicant replied on 10 Nov 21 requesting is case be administratively closed until he

can submit the ILOD for his shoulder injury. On 16 Nov 21, a letter was sent to the applicant closing his case (Exhibit H).

On 3 Aug 22, the applicant sent in his response to the advisory opinion and asked for his case to be reopened. In his response, the applicant contends both the DVA and SSA rendered an unanimous opinion/ruling confirming his total disability, effective 3 Oct 05, one day after his medical discharge. Both entities established compensation date(s), to coincide with the date(s) the injuries, disabilities, and illnesses were firmly identified/established. The Medical Advisor recommended a denial of his request for retirement at 100 percent due to un-employability, based significantly upon evidence not present during his period of military service. This recommendation is in direct contrast to what was decided by both the DVA and SSA and is certainly not in harmony with the aforementioned guidance. He could invoke regulatory guidance located in 38 CFR 55 3.102, for reasonable doubt, but his case for a full medical retirement is so substantially supported, there is no reason to defer to the reasonable doubt policy. His appeal was for the AFBCMR to review all service-connected disabilities not just those cited on his medical discharge papers. Then adjust the original documented Board ratings to correlate to the correct ratings authorized and instituted by the DVA, and incorporate all additional DVA documented disabilities/ratings that materialized during his military service which were originally omitted by the PEB. The result being a final adjusted medical discharge rating which is in mutual agreement with his DVA and SSA unanimous conclusions of permanent un-employability. It is of the utmost importance and objective cognizance not to note the date(s) the DVA and SSN eventually issued their findings/rulings but the timeframe in which the injuries, illnesses, and disabilities commenced to which he was on active duty orders serving his country.

Additionally, the AFBCMR Medical Advisor opined the applicant is already retired under Title 10 and no action should be taken but the applicant was not eligible for immediate retirement; he was not eligible for another seven years until he reached age 60, however, regulations state that financial correction and restitution of his final medical discharge rating, is retroactive to the medical separation date of 2 Oct 05, upon final resolution and approval by the AFBCMR and the SAF and is not incumbent on his limited retirement several years later.

He submitted an AF Form 348, *Line of Duty Determination*, dated 8 Sep 03, which indicates his injuries sustained from his fall were found in the line of duty (ILOD) by the appointing authority. It is noted in block 11, *Details of Accident or History of Disease*, "What I [the applicant] remember happening immediately upon hitting the hard rock-type surface with my head, and right side of body (hip to right shoulder, and lower right back), and that while I did not "black out", I did see stars for a few seconds, and did incur some pain in my head, but had tremendous pain from right hip/right lower back up through my right shoulder." He also submitted an AF Form 422, *Physical Series Profile Report*, dated 29 Jul 03, which indicated he was placed on a duty restricted profile until 29 Jan 04.

The applicant's complete response is at Exhibit I.

**ADDITIONAL AIR FORCE EVALUATION**

The AFBCMR Medical Advisor recommends partially granting the applicant's request for a medical retirement at a disability rating of 50 percent. After an extensive review of all submitted documents as well as those records found in the electronic data base and the prior medical advisory, the LODD in this case should be recognized to cover all injuries stated within its summary. Although there was no error discovered on the part of the Military Department in the DES processing, this favorable recommendation to grant an ILOD finding for the additional conditions is a matter of justice to the applicant for lack of specifics in this case. The inclusion of a diagnosis for right shoulder pain, under VASRD code 5304-5399, rated at 30 percent, as well as right hip pain, under VASRD code 5318-5399, rated at 10 percent should be in addition to the unfitting low back condition. The newly rated conditions when combined with his initial disability rating of 20 percent due to lower back pain, results in a combined [not added] disability rating of 50 percent.

The focus of this discussion should centered on the LODD. Clearly, the applicant has the understanding and belief the said document, the AF Form 348, he presented to the Board in his latest rebuttal was proof his right shoulder pain condition was ILOD. However, after careful review of the submitted AF Form 348 coupled with other medical information, the proof aspect with regards to the right shoulder condition must be further questioned. In three separate sections of the LODD document, two of which were signed by a physician and one section signed by the applicant's commander, used different verbiage to describe the injured parts of the applicant's body stemming from his fall in Feb 03; the varied verbiage included back, hip and leg pain, right hip/right lower back up through the right shoulder, and severe pain in the lower right back and hip areas. When the entire form is carefully analyzed, it appears to place slightly more emphasis on the applicant's low back pain condition, but not entirely. Given the differing anatomic position of injuries as described, the Medical Advisor must question as to what actual medical condition the commander marked as being found in the line of duty. Was it the low back, hips, right leg, right shoulder, or all the authored conditions? The LODD does not specifically depict or definitively cite any single physical condition that is covered by the LOD form. Box #15 of the LODD would have been the area of the form whereby the identification of the covered condition would be documented. The submitted Staff Summary Sheet (SSS) also listed various body areas of injuries as well as the documentation of sustaining multiple injuries.

The Medical Advisor is not of the opinion the LODD was completed in error or was inconsistent with current regulatory guidance, but rather its emphasis in identifying any specific physical condition was simply clouded by stating multiple body areas coupled with the omission of required important information… i.e., Box #15. However, it is the opinion of the Medical Advisor, secondary to the non-specificity and somewhat confusing interpretation of what actual physical condition(s) is (are) covered under the LODD as written, all of the stated physical conditions documented on the LODD form which match the DVA's decision of service connection and were positively rated, should, as a matter of justice and benefit to the applicant, be considered covered under the submitted AF Form 348. Those conditions service-connected and positively rated by the DVA include the low back condition with right leg pain extension at 10 percent impairment (increased to 20 percent by SAFPC), the right shoulder condition at 30 percent, and the right hip condition at 10 percent.

Another aspect of this case the Medical Advisor would like to point out to the Board in relation to a possible injustice that may have occurred during the DES process is the selection of the back

pain condition being the sole unfitting condition based upon x-rays taken 10 days after the date of the fall. Despite the very similar (emphasis added) radiographic findings of both the right shoulder and low back, both of which did not reflect recent trauma, only the low back was deemed service-aggravated and thus ratable. Given the parameters as discussed, specifically the similar x-ray findings, the Medical Advisor cannot state with clear and unmistakable evidence the right shoulder pain condition was not EPTS and not service-aggravated. Therefore, this information only adds a greater degree of credibility and certainty in making the recommended favorable call as stated in the above paragraph.

The complete advisory opinion is at Exhibit J.

**APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION**

The Board sent a copy of the advisory opinion to the applicant on 1 Mar 23 for comment (Exhibit K), and the applicant replied on 10 Mar 23. In his response, the applicant contends the rating for his lumbar spine should be rated at 40 percent not 20 percent. His disability rating for this condition was increased by the DVA to 40 percent with an effective date of 14 Mar 03 which was two years before his discharge. In the advisory opinion dated 22 Oct 21, the Medical Advisor notes this. Additionally, there should be no question as to the origin of his right shoulder, broken clavicle as the advisory opinion states there was no evidence of this injury prior to his accident on 9 Feb 03 and his additional medical evidence supports this conclusion. Finally, his disability rating should be 40 percent for lumbar spine, 10 percent for hip, and 30 percent for right shoulder, clavicle spine which would give him a disability rating around 70 percent.

The applicant's complete response is at Exhibit L.

**FINDINGS AND CONCLUSION**

1. The application was not timely filed, but it is in the interest of justice to excuse the delay.

2. The applicant exhausted all available non-judicial relief before applying to the Board.

3. After reviewing all Exhibits, the Board majority concludes the applicant is the victim of an error or injustice. While the Board notes the conflicting advisory opinions prepared in this case; however, after thoroughly reviewing this application, the Board majority concurs with the rationale and recommendation of the AFBCMR Medical Advisory opinion, dated 27 Feb 23 and finds a preponderance of the evidence substantiates the applicant's contentions in part. Specifically, the applicant provided a copy of his AF Form 348 and the Staff Summary Sheet showing his injuries were sustained due to an accident which is sufficient to justify granting the applicant's request for a medical retirement with a combined compensable disability rating of 50 percent rating. However, for the remainder of the applicant's request, the evidence presented did not demonstrate an error or injustice, and the Board therefore finds no basis to recommend granting that portion of the applicant's request. At the time of the applicant's discharge, DES determinations were independent of findings by the DVA. Even though the DVA found his lumbar spine disabling at a 40 percent rating, SAFPC did not have to adopt the DVA disability ratings and decided independently, a rating of 20 percent more accurately reflected the applicant's condition. The

Board agrees with this assessment finding the applicant's history of a lower back injury was aggravated by his fall. Furthermore, the preponderance of evidence does not support the applicant's contention, all off his service-connected disabilities were not considered during the DES process. SAFPC noted the comments in the applicant's rebuttal and stated consideration of all conditions were assessed and therefore concluded there was no substantial evidence any of the applicant's other conditions were unfitting. The mere existence of a medical diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. A Service member shall be considered unfit when the evidence establishes the member, due to physical disability, is unable to reasonably perform the duties of his or her office, grade, rank, or rating. The DVA and SSA offers disability compensation based on different criteria codified under a different set of laws than the DoD. The military's DES established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C., only offer compensation for those service incurred diseases or injuries, which specifically rendered a member unfit for continued active service and were the cause for career termination, and then only for the degree of impairment present at the time of separation. Therefore, the Board majority recommends correcting the applicant's records as indicated below.

**RECOMMENDATION**

The pertinent military records of the Department of the Air Force relating to the APPLICANT be corrected to show the following:

a. On 8 August 2005, he was found unfit to perform the duties of his office, rank, grade, or rating by reason of physical disability, incurred while he was entitled to receive basic pay; the diagnosis in his case was right shoulder pain, VASRD code 5304-5399, rated at 30 percent and right hip pain, VASRD code 5318-5399, rated at 10 percent; when combined with his initial disability rating of 20 percent due to chronic lower back pain, results in a combined [not added] disability rating of 50 percent. It is noted the degree of impairment was permanent; the disability was not due to intentional misconduct or willful neglect; the disability was not incurred during a period of unauthorized absence; and the disability was not as a direct result of armed conflict or caused by an instrumentality of war and was not combat-related.

b. On 2 October 2005, he was separated from the Air Force Reserve and on 3 October 2005, he was permanently retired with a compensable percentage for physical disability of 50 percent.

c. His election of the Survivor Benefit Plan option will be corrected in accordance with his expressed preferences and/or as otherwise provided for by law or the Code of Federal Regulations.

However, regarding the remainder of the applicant's request, the Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the application will only be reconsidered upon receipt of relevant evidence not already considered by the Board.

**CERTIFICATION**

The following quorum of the Board, as defined in Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2021-00850 in Executive Session on 18 Aug 21 and 26 Apr 23:

Work-Product, Panel Chair
Work-Product, Panel Member
Work-Product, Panel Member

A majority of the panel voted to correct the record. Work-Product voted not to correct the record. Work-Product did provide a minority opinion. The panel considered the following:

Exhibit A: Application, DD Form 149, w/atchs, dated 16 Sep 20.
Exhibit B: Documentary evidence, including relevant excerpts from official records.
Exhibit C: Advisory Opinion, SAF/MRBP, dated 24 Jul 21.
Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 26 Jul 21.
Exhibit E: Applicant's Responses, w/atchs, dated 11 Aug 21 and 23 Aug 21.
Exhibit F: Advisory Opinion, AFBCMR Medical Advisor, dated 22 Oct 21.
Exhibit G: Notification of Advisory, SAF/MRBC to Applicant, dated 25 Oct 21.
Exhibit H: Letter to Close Case per Applicant's Request, SAF/MRBC, dated 16 Nov 21.
Exhibit I: Applicant's Response, w/ atchs, dated 3 Aug 22.
Exhibit J: Advisory Opinion, AFBCMR Medical Advisor, dated 27 Feb 23.
Exhibit K: Notification of Advisory, SAF/MRBC to Applicant, dated 1 Mar 23.
Exhibit L: Applicant's Response, dated 10 Mar 23.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

1/4/2024

Work-Product

Board Operations Manager, AFBCMR
Signed by: Work-Product