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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF: DOCKET NUMBER: BC-2023-02894

Work-Product COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

His reentry code of "2Q" be changed to allow him to reenlist.

APPLICANT'S CONTENTIONS

He is now fully healed and wants to reenlist to become a pararescueman. He is physically and mentally fit.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former Air Force airman (E-2).

On 2 Nov 06, AF Form 618, *Medical Board Report*, indicates the applicant was referred to the IPEB for chronic left knee pain. It is noted the applicant's medical condition was found to have existed prior to service (EPTS), not permanently service aggravated.

On 14 Dec 06, AF Form 356, *Informal Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to his medical condition persistent left knee pain without clear-cut etiology with a disability compensation rating of 0 percent with a recommendation of "Discharge with Severance Pay (DWSP)." It was noted the board could not definitively declare his condition EPTS.

On 15 Dec 06, AF Form 1180, *Action on Physical Evaluation Board Findings and Recommended Disposition*, indicates the applicant agreed with the findings and recommended disposition of the IPEB and waived his rights to a formal hearing.

On 11 Jan 07, DD Form 214, Certificate of Release or Discharge from Active Duty, reflects the applicant was honorably discharged in the grade of airman (E-2) after serving nine months and eight days of active duty. He was discharged, with a narrative reason for separation of "Disability,"

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Severance Pay" with a RE code of "2Q" which denotes "personnel medically retired or discharged."

For more information, see the excerpt of the applicant's record at Exhibit B and the advisory at Exhibit C.

APPLICABLE AUTHORITY/GUIDANCE

Per Air Force Instruction (AFI) 36-2606, *Reenlistments in the United States Air Force*, paragraph 5.12, RE codes determine whether or not airmen may reenlist, or enlist in a military service at a later time. They are annotated on military discharge documents and document the airman's RE code at the time of discharge.

Per Department of the Air Force Manual (DAFMAN) 36-2032, Military Recruiting and Accession, paragraph 3.4.1, for enlistment waiver authority, the AETC/SG (or appropriate Regular Air Force major command Surgeon General), ANG Command Surgeon (NGB/SG), or AFRC Command Surgeon (AFRC/SG), as appropriate, is the authority to waive physical standards for enlistment in accordance with AFI 48-123, Medical Examinations and Standards. Per paragraph 3.7.1.1, the applicant's ability to enlist is determined by reviewing prior service reenlistment eligibility code and other factors. Individual components will do a service eligibility determination to determine applicant's eligibility. Per paragraph 3.7.2, a waiver is a formal request to consider the suitability for service of an applicant who because of inappropriate conduct or morals violations, dependency status, current or past medical conditions may not be qualified to serve. Upon the completion of a thorough examination using a "whole person" review, the applicant may be granted a waiver if the applicant has displayed sufficient mitigating circumstances that clearly justify waiver For medical conditions, this may require a new physical examination with consideration. appropriate medical evaluation to determine medical qualification to enter the Air Force per Department of Defense Instruction (DoDI) 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services, and AFI 48-123.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the application finding sufficient medical evidence to demonstrate the applicant's health condition impaired his ability to complete technical training and appropriately led to his medical separation. Even though it appears this condition is likely no longer disqualifying for military duty, RE codes are an administrative matter and are outside the scope of this advisory. Consequently, no medical recommendation can be made regarding the applicant's request to change the RE code.

According to the available evidence, the applicant appropriately received a medical separation with severance pay when he failed to complete technical training due to persistent left knee pain. However, it must be noted per the most recent available records, he now appears to be symptom-free and without recurrent knee pain even with heavy athletic training comparable to what he may experience during Basic Military Training (BMT). His remote history of knee pain over a decade ago would not be necessarily disqualifying for re-accession to military service. Therefore, given

the available evidence, from a medical perspective, the applicant's knee pain experienced in 2006 need not limit him from consideration for reentry into the military. Nonetheless, at the time of his initial enlistment, he was unable to complete BMT due to this issue. Consequently, his medical separation, as reflected on his DD Form 214, was appropriate, and no error or injustice appear to have occurred.

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 Nov 24 for comment (Exhibit D) but has received no response.

FINDINGS AND CONCLUSION

- 1. The application was not timely filed.
- 2. The applicant exhausted all available non-judicial relief before applying to the Board.
- 3. After reviewing all Exhibits, the Board concludes the applicant is not the victim of an error or injustice. The Board finds his discharge was consistent with the substantive requirements of the discharge regulation and was within the commander's discretion. Furthermore, the Board concurs with the rationale and recommendation of the AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. The applicant has provided no evidence which would lead the Board to believe his RE code was contrary to the provisions of the governing regulation at the time of his separation. The Board understands the applicant's desire to remove the RE code claiming his medical condition no longer exists; however, the RE code annotated on his DD Form 214 represents the circumstances under which he was separated and is not subject to change unless an error was made in the original annotation. This decision does not preclude the applicant from pursuing a medical waiver through recruiting services for reentry into the military as outlined in DAFMAN 36-2032. Each component can waive the RE code and enlist an individual if they determine the needs of the component outweigh the reason for the RE code condition/risks; the AFBCMR is not the reenlistment waiver authority. Therefore, the Board recommends against correcting the applicant's records. The Board also notes the applicant did not file the application within three years of discovering the alleged error or injustice, as required by Section 1552 of Title 10, United States Code, and Department of the Air Force Instruction 36-2603, Air Force Board for Correction of Military Records (AFBCMR). The Board does not find it in the interest of justice to waive the three-year filing requirement and finds the application untimely.

RECOMMENDATION

The Board recommends informing the applicant the application was not timely filed; it would not be in the interest of justice to excuse the delay; and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

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-2023-02894 in Executive Session on 18 Dec 24 and 27 Dec 24:



All members voted against correcting the record. The panel considered the following:

Exhibit A: Application, DD Form 149, w/atchs, dated 6 Aug 23.

Exhibit B: Documentary evidence, including relevant excerpts from official records.

Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, dated 25 Nov 24.

Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 26 Nov 24.

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.

