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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2023-03331

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COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

His separation code and corresponding reason for separation, "GFV" - Medically Unqualified for Further Military Service and his reentry (RE) code of "6H" which denotes pending discharge-involuntary, be changed so he can reenlist.

APPLICANT'S CONTENTIONS

His discharge/separation code is no longer relevant, and he wishes to continue to serve with the Air National Guard (ANG). He is completely fit for duty as annotated on the doctor's letter he submitted as evidence.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former ANG airman first class (E-3).

On 3 Nov 19, the applicant indicated a desire to enter into the Disability Evaluation System (DES) for a non-duty related fitness determination only.

On 19 May 20, the applicant was identified with a non-duty related physical defect or condition that rendered him unfit for duty due to the pain in his left shoulder, left knee and lower back.

On 21 May 20, 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 left shoulder pain with labral tear analogized as shoulder, limitation of motion with a recommendation of "Unfit." His other conditions of left knee pain, analogized leg limitation of extension and low back pain with lumbosacral strain were rated as Category II, conditions that can be unfitting but are not currently unfitting. It was noted the applicant's chronic left shoulder pain was incompatible with the rigors of military service.

On 18 Jun 20, AF Form 1180, *Action on Physical Evaluation Board Findings and Recommended Disposition*, indicates the applicant disagreed with the findings and recommended disposition of

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the board and requested a formal hearing. In his submission from the Office of Disability Counsel (ODC), dated 9 Sep 20, the applicant contended his chronic left shoulder pain with labral tear, left knee pain, and low back pain with lumbosacral strain should all be considered in the line of duty (ILOD).

On 21 Dec 20, the Air Force Personnel Board (AFPB) considered the applicant's request to find his medical conditions ILOD; however, concluded although his radiographically demonstrated a cartilaginous tear in the left shoulder, the condition could not definitively be determined to have occurred while in a confirmed duty status or the result of a specific traumatic event. Additionally, the board found no definitive clinical evidence the associated cartilage tear was permanently aggravated by the performance of military duty. The normal detailed examination of the left shoulder one month after his claimed time of injury, further supports the board's decision. Therefore, his left shoulder condition was found to be not in the line of duty (NILOD) and the board saw no reason to change the Physical Evaluation Board's (PEB) findings in the Category II condition for his left knee pain or low back pain.

On 1 Apr 21, NGB Form 22, *National Guard Bureau Report of Separation and Record of Service*, reflects the applicant was honorably discharged from the ANG after serving five years and five days of total service for pay. He was discharged, with a narrative reason for separation of "Medically Unqualified for Further Military Service."

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

APPLICABLE AUTHORITY/GUIDANCE

Per Air Force Instruction (AFI) 36-2606, *Reenlistment and Extension of Enlistment 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 consideration. For medical conditions, this may require a new physical examination with 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

NGB/A1PP recommends denying the application finding no evidence of an error or injustice. The applicant was medically separated and the separation code on his NGB Form 22 reflects he was medically unqualified for further military service. The member also received a RE code of “6H” which rendered him not eligible to reenlist or extend per AFI 36-2606, Table 12.3 ANG codes Rule 7.

The complete advisory opinion is at Exhibit C.

The AFBCMR Medical Advisor recommends denying the application finding insufficient evidence the applicant was the victim of any applied error or calculated injustice conducted by the DoD in his discharge/separation process. The reviewed separation process was completely fair and appropriate and was conducted in accordance with regulatory guidance. Although there were several medical records submitted with the application, they all were from civilian providers and facilities. This coupled with no military treatment records did not in any way show evidentiary proof of an affirmative line of duty (LOD) determination and therefore, the non-duty related DES processing for a fitness determination was the correct action in this case. The entire Deployment Availability Working Group (DAWG) checklist was complete, comprehensive, and covered all the regulatory basis in preparation for board processing. The PEB concluded the applicants shoulder condition was indeed unfitting, and the knee and low back were not unfitting. Such a decision was in direct correlation with the commander’s recommendation whereby the applicant was unable to function in his primary Air Force Specialty Code (AFSC) and the commander did not recommend retention.

The complete advisory opinion is at Exhibit D.

APPLICANT’S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 21 May 24 for comment (Exhibit E), but has received no response.

FINDINGS AND CONCLUSION

1. The application was 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 concurs with the rationale and recommendation of the AFBCMR Medical Advisor and NGB/A1PP and finds a preponderance of the evidence does not substantiate the applicant’s contentions. The Board finds his discharge was consistent with the substantive requirements of the discharge regulation and was within the commander’s discretion.

Furthermore, they find no error or injustice occurred during the disability processing of his case. The applicant has provided no evidence which would lead the Board to believe his RE code, separation code, or reason for separation were contrary to the provisions of the governing regulation at the time of his separation. The Board understands the applicant's desire to change his NGB Form 22 because he contends his medical condition no longer exists; however, the codes and reasoning for his separation annotated on the NGB Form 22 represents the condition to 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 perusing a medical waiver through recruiting services for reentry into the military as outlined in DAFMAN 36-2032. Therefore, the Board recommends against correcting the applicant's records.

RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, 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-2023-03331 in Executive Session on 17 Jul 24:

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Panel Chair
, Panel Member
Panel Member

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

- Exhibit A: Application, DD Form 149, w/atchs, dated 5 Oct 23.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, NGB/A1PP, dated 18 Mar 24.
- Exhibit D: Advisory Opinion, AFBCMR Medical Advisor, dated 16 May 24.
- Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 21 May 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.

7/30/2024

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Board Operations Manager, AFBCMR
Signed by: USAF

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