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

**RECORD OF PROCEEDINGS**

**IN THE MATTER OF:**

**DOCKET NUMBER:** BC-2024-00216

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**COUNSEL:** NONE

**HEARING REQUESTED:** YES

**APPLICANT’S REQUEST**

The narrative reason of “Erroneous Entry” on his DD Form 214, *Certificate of Release or Discharge from Active Duty*, be corrected.

**APPLICANT’S CONTENTIONS**

He was medically cleared at the Military Entrance Processing Station (MEPS) for his prior service neck injury. He reinjured his neck during a training exercise. He was informed he may have refractured his neck and was told he never should have been cleared to enter the military. He was sent to the medical flight to do physical therapy and while doing physical therapy he was informed they did all they could do for his injury, and they were sending him home. He disagreed with the reason for his discharge of “Erroneous Entry” but was told it would not affect anything.

The applicant’s complete submission is at Exhibit A.

**STATEMENT OF FACTS**

The applicant is a former Air Force airman basic (E-1).

Dated 25 Feb 13, DD Form 2807-2, *Accessions Medical History Report*, indicates the applicant disclosed his broken neck and broken C7 vertebrae injuries and on this same date, DD Form 2808, *Report of Medical Examination*, indicates he was qualified for military service.

On 18 Jun 14, the applicant’s commander recommended the applicant be discharged from the Air Force, under the provisions of AFI 36-3208, *Administrative Separation of Airmen*. The specific reason for the action was due to his medically disqualifying condition of neck pain, which existed prior to service (EPTS). It is noted, he would not likely have been allowed to enter service had this condition been known at the time of enlistment. It is further noted, on 29 May 14, a request for a medical waiver was denied.

On 24 Jun 14, the Assistant Staff Judge Advocate found the discharge action legally sufficient.

**AFBCMR Docket Number BC-2024-00216**

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POC: [SAF.MRBC.Workflow@us.af.mil](mailto:SAF.MRBC.Workflow@us.af.mil)

On 25 Jun 24, the discharge authority directed the applicant be discharged for erroneous enlistment with an honorable service characterization. Probation and rehabilitation were considered, but not offered.

On 27 Jun 14, the applicant received an honorable discharge. His narrative reason for separation is "Erroneous Enlistment" and he was credited with 6 months and 18 days of total active service.

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

## **AIR FORCE EVALUATION**

The AFBCMR medical advisor recommends granting the application finding sufficient medical evidence to support the applicant's requested change to his service records; however, his EPTS, not service-aggravated, condition which curtailed his technical training and led to his discharge, would not have made him eligible for a medical separation or retirement.

Regarding the applicant's narrative reason for discharge "Erroneous Entry," no medical evidence was found to support this characterization, which is addressed in AFI 36-3208, paragraph 5.13.3 which defines erroneous enlistments as those the Air Force should not have accepted, but do not involve fraud. Additionally, paragraph 5.13.4 reads a fraudulent entry is one involving deliberate deception on the part of the member. Medical circumstances meeting these criteria are generally determined to have EPTS conditions that either were not known to the applicant at the time of entry and therefore were undisclosed to the Air Force or were known but deliberately concealed or misrepresented. The evidence in this case supports neither characterization, since the applicant's discharge apparently resulted from later sequelae of a condition that was known to him and was fully disclosed at the time of entry. Contrary to the statement made by the applicant's then commander, the applicant would not likely have been allowed to enter service had this condition been known at the time of enlistment, there was actually no indication the applicant had suffered from any medical conditions at the time of entry into military service that would have prevented him from doing so. According to all available information, he had fully recovered from the neck injury at the time of his enlistment and had no documented discernable residual deficits. The mere presence of a healed fracture that occurred years previously, without any notable lasting effects, would not in itself have been disqualifying for entry, nor would have required a waiver.

Furthermore, at the time of his separation, the applicant's condition, chronic neck pain that limited his ability to complete Security Forces training and to perform his intended Air Force duties, was determined to be EPTS, not service-aggravated and available medical evidence supports this conclusion. Although he sustained trauma to his cervical spine several years preceding entry into the military and took months to recover from that injury, he did eventually fully recover and was symptom-free at the time of accession. There was no mention in his record of a specific event during training that precipitated the return of his neck pain. Rather, it appeared to be due to the typical progression of such injuries which often can and do periodically reassert themselves as chronic intermittent pain of varying severity, perhaps triggered by exertion, perhaps accompanied by the development of premature degenerative arthritic changes and other similar manifestations.

These symptoms may or may not eventually become significantly impactful upon the individual's daily activities. In this case, no evidence was found the applicant has, to date, been substantially limited by his neck pain, so it would be difficult to argue his EPTS condition was permanently aggravated by his brief military service, particularly beyond what would be expected in the natural course of its progression.

Under current policy, in the absence of any objective clinical examination prior to entering military service (i.e., MEPS or other sources) and objective comparative findings of a clinical worsening, above and beyond expected natural expression or progression, on a military clinical examination after entering military service, any declarations that differ from those which have already been established would be based upon opinion, speculation, and conjecture. Nevertheless, under DoDI 1332.18, *Disability Evaluation System* and DoDI 1332.38, *Physical Disability Evaluation*, there are presumptions, which apply to members ordered to active duty for more than 30 days when determining whether an impairment was incurred or aggravated while a member was entitled to basic pay. Specifically, at the time of entry, a service member would be 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. Additionally, after entry, 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 line of duty. Moreover, for members ordered to active duty for more than 30 days, there must also be clear and unmistakable evidence a medical condition EPTS or was not permanently aggravated by military service. Absent such clear and unmistakable evidence, the Secretary of the Military Department concerned will conclude the disability was incurred or aggravated during their current period of military service. Clear and unmistakable evidence is defined in DoDI 1332.18, as undebatable information the condition existed prior to military service or if increased in service was not aggravated by military service. In other words, reasonable minds could only conclude the condition existed prior to military service from a review of all of the evidence in the record.

Again, in this case it would be difficult to argue the applicant's well documented condition did not pre-exist his military service or, as mentioned above, was permanently aggravated by it. Additionally, the applicant filed a claim with the Department of Veterans Affairs (DVA) seeking a service connection for his neck pain. Although this was denied, it should still be noted 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 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 and not based on post-service progression of disease or injury. The DES also would not typically offer compensation for conditions deemed to be EPTS and not service-aggravated, particularly in instances involving individuals who were still undergoing initial training. To the contrary, the DVA, operating under a different set of laws, Title 38, U.S.C., is empowered to offer compensation for any medical condition 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 time transpired since the date of discharge. 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. In short, a finding by the DVA the applicant's neck pain may or may not have been service connected would not in itself constitute evidence this condition would or would not have made him eligible for a medical separation or retirement under the DES.

The complete advisory opinion is at Exhibit C.

AFPC/DPMSSR recommends granting the application. Erroneous enlistment is normally given when a pre-existing medical condition is discovered and if the Air Force had been made aware of the condition, it would have precluded the service member from enlistment. According to the AFBCMR Medical Advisory, the applicant revealed his pre-existing medical condition and was deemed by the Air Force to be medically qualified for entry into military service. In light of this information, AFPC/DPMSSR has determined the more appropriate narrative reason for separation should reflect "Failed Medical/Physical Procurement Standards." This narrative is normally given when a medical condition is aggravated through military training which precludes the service member from physically being able to complete training for continued entry into military service.

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 16 Sep 24 for comment (Exhibit E), but has received no response.

#### **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 concludes the applicant is the victim of an error or injustice. The Board concurs with the rationale and recommendations of AFPC/DPMSSR and the AFBCMR Medical Advisor and finds a preponderance of the evidence substantiates the applicant's contentions. The Board finds the applicant's prior service medical condition was fully disclosed at MEPS and was found to have been healed for entry into the military. However, due to this prior service injury and the natural progression of the disease, his neck pain was found as a disqualifying medical condition not permanently service aggravated. Due to the full disclosure of his injury and the medical findings prior to and during his military service, the Board finds the reason for separation of "Erroneous Entry" was not correct. Therefore, the Board recommends correcting the applicant's records as indicated below.
4. The applicant has not shown a personal appearance, with or without counsel, would materially add to the Board's understanding of the issues involved.

#### **RECOMMENDATION**

The pertinent military records of the Department of the Air Force relating to APPLICANT be corrected to show on 27 June 2014, his narrative reason for separation is “Failed Medical/Physical Procurement Standards” with a corresponding separation code of “JFW.”

**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-2024-00216 in Executive Session on 16 Oct 24:

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

All members voted to correct the record. The panel considered the following:

- Exhibit A: Application, DD Form 149, dated 12 Jan 24.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, dated 10 Sep 24.
- Exhibit C: Advisory Opinion, AFPC/DPMSSR, dated 16 Sep 24.
- Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 16 Sep 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.

11/12/2024

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Board Operations Manager, AFBCMR  
Signed by: USAF