



Work-Product

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

### RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2024-00845

Work-Product

COUNSEL: NONE

HEARING REQUESTED: YES

### APPLICANT'S REQUEST

His reentry (RE) code of "4C" be changed to a 1 or 3 to allow him to reenlist.

### APPLICANT'S CONTENTIONS

He had hernia surgery shortly before he enlisted but should have taken more time to heal. Since his separation, he has remained active and has no new pain. He has needed no additional surgeries or medical care. He has a strong desire to serve and a change to his RE code would allow this.

The applicant's complete submission is at Exhibit A.

### STATEMENT OF FACTS

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

On 19 Apr 07, the applicant's SF 88, *Report of Medical Examination*, indicates he was determined to be qualified for service. His SF 93, *Report of Medical History*, does not indicate any past or present medical issues; however, the SF 88 indicates he had a hernia problem (repaired on 14 Feb 07) which was initially found to have been disqualifying for service, but he was later cleared for service.

On 19 Sep 07, the applicant's commander recommended the applicant be discharged from the Air Force, under the provisions of AFI 36-3208, *Administrative Separation of Airmen*, paragraph 5.14 for erroneous enlistment. The specific reason for the action was due to the applicant not meeting medical standards to enlist because of his abdominal pain.

Not dated, the Assistant Staff Judge Advocate found the discharge action legally sufficient.

On 21 Sep 07, the discharge authority directed the applicant be discharged for erroneous enlistment, with an uncharacterized, entry level separation (ELS).

AFBCMR Docket Number BC-2024-00845

Work-Product

Controlled by: SAF/MRB  
CUI Categories: Work-Product  
Limited Dissemination Control: N/A  
POC: [SAF.MRBC.Workflow@us.af.mil](mailto:SAF.MRBC.Workflow@us.af.mil)

On 25 Sep 07, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the applicant was discharged with an uncharacterized ELS after serving 1 month and 25 days of active duty. He was discharged, with a narrative reason for separation of “Failed Medical/Physical Procurement Standards” with a RE code of “4C” which denotes “separated for concealment of juvenile records, minority, failure to meet physical standards for enlistment, failure to attain a 9.0 reading grade level as measured by the Air Force Reading Abilities Test, or void enlistment.”

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 documents 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.

AFI 36-3208, *Administrative Separation of Airmen*, dated 9 Jul 04, describes the authorized service characterizations that were applicable at the time of the applicant’s separation.

**Honorable.** The quality of the airman’s service generally has met Air Force standards of acceptable conduct and performance of duty or when a member’s service is otherwise so meritorious that any other characterization would be inappropriate.

**Entry Level Separation.** Airmen are in entry level status during the first 180 days of continuous active military service or the first 180 days of continuous active military service after a break of more than 92 days of active service. Determine the member’s status by the date of notification;

thus, if the member is in entry level status when initiating the separation action, describe it as an entry level separation unless:

- A service characterization of under other than honorable conditions is authorized under the reason for discharge and is warranted by the circumstances of the case; or
- The Secretary of the Air Force determines, on a case-by-case basis, that characterization as honorable is clearly warranted by unusual circumstances of personal conduct and performance of military duty.

## **AIR FORCE EVALUATION**

The AFBCMR Medical Advisor finds sufficient medical evidence to demonstrate the applicant's existed prior to service (EPTS) health condition impaired his ability to complete basic military training (BMT) and appropriately led to his ELS. 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 medical evidence, the applicant appropriately received an ELS when he failed to complete BMT due to residual post-operative pain. However, it must be noted he underwent surgery, inguinal hernia repair, only six months before beginning training. As he pointed out in his application, he probably should have taken more time to heal before shipping out. There are no indications the applicant's symptoms persisted and cause him any discomfort currently, 17 years later. His recent Military Entrance Processing Station (MEPS) examination shows no ongoing concerns pertaining to the hernia, and remote history of inguinal hernia repair, without recurrence or ongoing problems, is not disqualifying for accession to military service. Therefore, given the available evidence, from a medical perspective, the applicant's hernia repair performed in 2007 need not limit him from consideration for reentry into military service. Nonetheless, at the time of his enlistment in 2007, he was likely still recovering from surgery and was unable to complete BMT due to this fact. Consequently, ELS 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 21 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 perusing 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. Even though it appears the applicant's medical condition for which he was originally discharged for no longer exists; the AFBCMR is not the reenlistment waiver authority. Therefore, the Board recommends against correcting the applicant's records. The Board majority 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 majority does not find it in the interest of justice to waive the three-year filing requirement and finds the application untimely.

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 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-2024-00845 in Executive Session on 18 Dec 24 and 22 Dec 24:

Work-Product

, Panel Chair

Panel Member

Work-Product

Panel Member

All members voted against correcting the record; however, the Board majority finds the application untimely with Dr. Baker finding the application timely filed. The panel considered the following:

Exhibit A: Application, DD Form 149, dated 4 Mar 24.

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

**AFBCMR Docket Number BC-2024-00845**

*Work-Product*

Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, dated 21 Nov 24.

Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 21 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.

1/3/2025

*Work-Product*

Board Operations Manager, AFBCMR

Signed by: USAF

**AFBCMR Docket Number BC-2024-00845**

*Work-Product*