ACTION ON PHYSICAL EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 8013 and E.O. 9397
Purpose: To process disability cases. SSN is necessary to ensure positive identification.
Routine Uses: None
Disclosure is Voluntary: Refusal to divulge information may jeopardize entitlement to disability benefits.

I. PERSONNEL DATA

MEMBER *(Last, First, Middle Initial)*	SOCIAL SECURITY NUMBER	GRADE

II. PEB ACTION

THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PHYSICAL EVALUATION BOARD *(PEB)* PERTAINING TO THE ABOVE NAMED MEMBER ARE INDICATED ON AF FORM 356.

DATE	SIGNATURE OF PEB PRESIDENT, PEB REPRESENTATIVE, OR PEB LIAISON OFFICER

III. COUNSELING ACTION

I HAVE FULLY EXPLAINED TO THE MEMBER *(or next of kin or guardian) (in person or by letter)* THE LEGAL RESULTS OF THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PEB AND OF THE APPLICABLE CASE PROCESSING PROCEDURES AND APPEAL RIGHTS *(if next of kin or guardian acts for evaluee, show name, address, and relationship in Section V, below.)*

DATE	SIGNATURE OF COUNSEL, PEB REPRESENTATIVE, OR PEB LIAISON OFFICER

IV. ACTION BY THE MEMBER, NEXT OF KIN, OR GUARDIAN

TO:	ADDRESS OF PEB:
PRESIDENT USAF PHYSICAL EVALUATION BOARD	AFPC/DPPDS, 550 C STREET, WEST, STE 6, RANDOLPH AFB TX 78150-4708

HAVING BEED ADVISED OF THE LEGAL RESULTS OF THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PEB *(as indicated on AF Form 356)* AND THE APPLICABLE CASE PROCESSING PROCEDURES AND APPEAL RIGHTS *(Check only one block)*

☐	I AGREE WITH THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PEB AND UNDERSTAND I AM WAIVING THE RIGHT TO A FORMAL PEB HEARING.
☐	I DO NOT AGREE WITH THE FINDINGS AND RECOMMENDED DISPOSITION OF THE INFORMAL PEB AND DEMAND A FORMAL HEARING OF THE CASE. *(Informal cases only) (Member is encouraged to submit a brief rebuttal stating reason for disagreement.)*
☐	I DO NOT AGREE WITH THE FINDINGS AND RECOMMENDED DISPOSITION OF THE FORMAL PEB HEARING. I *(do) (do not)* DESIRE TO SUBMIT A REBUTTAL. *(Formal hearing cases only.)*

DATE	SIGNATURE OF MEMBER, NEXT OF KIN, OR GUARDIAN

V. NEXT OF KIN OR GUARDIAN DATA

NEXT OF KIN *(or guardian)*	ADDRESS	RELATIONSHIP

REMARKS: