

Directions: Commanding officers will ensure that the Non-Medical Assessment (NMA) is submitted to the requesting medical treatment facility within 15 calendar days from the date of such request. Naval message traffic is acceptable as long as the format outlined in this sample is followed. Another option is provide the NMA on letterhead stationery.

LETTERHEAD STATIONARY

1850

Date

From: Commanding Officer, (Insert Name of Activity, location when needed)

To: President, Physical Evaluation Board Washington Navy Yard, Washington, DC

Via: Commander, National Naval Medical Center, Bethesda, MD 20889-5600
(Attn: Medical Boards Division)

Subj: NON-MEDICAL ASSESSMENT (NMA) ICO (Insert Member's full name/rank/
rate, SSN, service/component-regular, reserve, AR, TAR (as applicable))

Ref: (a) SECNAVINST 1850.4 series

1. **Purpose:** The NMA describes how well the member performs his/her military duties, e.g., MOS/rating duties, field duties or exercises, participation in the PRT/PFT, etc. The first half of this document, "Questionnaire", details basic data on the service member. The purpose of the second half, "Commanding Officer's Comments", is for the CO to comment on what the member can and cannot do. Be as specific as possible about what duties and responsibilities the member can and cannot perform. Explain how the member's medical condition has affected the member's ability to perform the duties of his/her rate or MOS, and the reality of the service member's contribution to the unit. The CO's insights are crucial in assisting the PEB in making a determination of Fit or Unfit. Prior to writing the NMA, the CO should first review the member's Medical Board (MEB) or medical record to gain a better understanding of the member's condition.

2. **Questionnaire:** The following assessment is submitted to assist the PEB in their determination of Fitness/Unfitness of SNM pursuant to reference (a):

- a. Service member's Rating/NEC/MOS/Specialty: _____ (Examples: 0311/Rifleman, AO3/Aviation Ordnanceman; 1100/Surface Warfare Officer, etc).
- b. Member's current position: _____
- c. Is the member currently working out of his/her specialty because of the medical condition? Yes/No
- d. Date member last passed the PRT/PFT _____ (MM/YR)
- e. Can member presently take the PRT/PFT? (Yes/No/Partial)
- f. Member's height and weight (_____) (inches/lbs.)

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- g. Is the member within weight and body fat standards? (Yes/No). If not, is the member on weight control. (Yes/No/N/A)
- h. To your knowledge, is the member fully complying with the prescribed appointments and treatment for the therapy? (Yes/No) Has the member complied in the past? (Yes/No)
- i. What is the average number of work hours per week that the member's condition has required the member to be away from current duties for treatment, evaluation, and/or recuperation?
- j. Is the member pending disciplinary action or involuntary administrative separation for misconduct? (Yes/No) If so, for what?
- k. What is the member's current length of service and date of entry into service?

LOS: _____ (years/months) ADSD/ADBD: _____ (mo/yr)
- l. Considering the member's current physical condition, is he/she worldwide assignable? (Yes/No)
- m. Does the member have good potential for continued service in his/her present physical and mental condition? (Yes/No)
- n. Does the member desire to continue his/her military service? (Yes/No)
- o. For **Active Duty Members**: Based on the member's performance of duties, would you recommend that Naval Personnel Command/ Headquarters, Marine Corps authorize the member's retention on active duty in a Permanent Limited Duty status, if found Unfit? (Yes/No)
- p. For **Inactive Duty Reservists**: In the case of inactive duty reservists assigned to the Voluntary Training Unit while awaiting the decision of the PEB, a statement from the member's former reserve unit/activity commanding officer is also helpful. This statement should address the member's ability to perform reserve duties as well as his/her potential for performing mobilization duties in the event he/she were activated or recalled to active duty.

3. **Commanding Officer's Comments**: (use additional pages as necessary)

4. POC at this command is _____ (name/rank/position) at (Comm)
_____/ (DSN) _____ or E-mail: _____

Commanding Officer's Signature