

# PSYCHIATRY RESIDENT GUIDE

Version 1.1 – 08 JUN 2015

## **ARMY REGULATIONS**

### **AR 40-501**

**Standards of Medical Fitness**  
(04 AUG 2011)

### **AR 635-200**

**Active Duty Enlisted  
Administrative Separations**  
(06 SEP 2011)

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#### **ATTENTION:**

This booklet is a summary of the main sections of the above two Army Regulations and should be considered as a familiarization guide only. It should not replace the original documents.

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# AR40-501: Standards of Medical Fitness

The military must maintain appropriate level of medical fitness in order to execute the mission. The same basic standards apply for Active/Reserve/National Guard Soldiers, Officers, and Warrant Officers, but they can be higher for certain military occupational specialties (MOS). Initial entry (procurement) medical standards (Chapter 2) are higher than the retention standards (Chapter 3) for those who are already on active duty. Medical standards may be lowered by the DOD in case of mobilization or national emergency and waivers may be permitted for specific conditions.

## **Chapter 1: General Provisions**

This regulation governs:

- Medical fitness standards for enlistment, induction, and appointment, including officer procurement programs.
- Medical fitness standards for retention and separation, including retirement.
- Medical fitness standards for diving, Special Forces, Airborne, Ranger, free fall parachute training and duty, and certain enlisted military occupational specialties (MOSs) and officer assignments.
- Medical standards and policies for aviation.
- Physical profiles.
- Medical examinations and periodic health assessments.

**Military Entry Processing Stations (MEPS)** are the review authority for medical fitness for initial enlistment.

**Waivers** can be given to allow exemption for unmet medical standards if approved by:

- Regular Army (original enlistment): Commanding General of USAREC (U.S. Army Recruiting Command)
- Army Reserves / National Guard / USUHS: The Director for each service.
- Special Forces, SERE, Military Freefall (MFF): Commandant, U.S. JFK Special Warfare Center and School.
- Military Academies: Superintendent, U.S. Military Academy.
- ROTC: Commanding General, ROTC Command.

Waivers of medical fitness standards do not have to be repeated or reconfirmed if they have been previously granted and the condition or limitation has not worsened significantly or affected duty performance.

## **Chapter 2: Physical Standards for Enlistment**

This chapter defines the medical procurement standards for initial entry into the military, ROTC, USUHS, HPSP, and military academies. It also applies to Soldiers who request for reenlistment and during the first six months of active duty service if a pre-existing medical condition is identified.

The purpose of this chapter is to ensure that military personnel are:

- Free of contagious diseases that would likely endanger the health of other personnel. (No waiver can be given for HIV).
- Free of medical conditions or physical defects that would require excessive time lost from duty for necessary treatment or hospitalization or would likely result in separation from the Army for medical unfitness.
- Medically capable of satisfactorily completing required training.
- Medically adaptable to the military environment without the necessity of geographical area limitations.
- Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

### **Entry Level Separations for pre-existing medical conditions**

During the first 6 months of active duty, Soldiers can be administratively separated for a pre-existing condition that does not meet chapter 2 standards, unless a waiver is granted. MEB referral is required if the Soldier does not meet Chapter 2 and 3 standards.

Chapter 2, sections 3-32, review all organ systems and define which conditions are disqualifying (many conditions are disqualifying even if no current symptoms are present at time of evaluation). Unlisted conditions may also be disqualifying - current or history of any condition that in the opinion of the medical officer will significantly interfere with the successful performance of military duty or training does not meet the standard. See tables below for summary of behavioral and neurological health conditions that may be disqualifying.

Psychiatric Conditions (Disqualifying) for Military Entry or Reenlistment

Summary of AR 40-501, paragraph 2-27:

DISQUALIFYING BEHAVIORAL HEALTH CONDITIONS	History*
<b>Mood disorders:</b> including, but not limited to, current major depression, bipolar, affective psychoses, depressive not otherwise specified. History of mood disorders requiring outpatient care for longer than <u>6 months</u> by a physician or other mental health professional or <u>inpatient treatment in a hospital or residential facility</u> does not meet the standard. History of symptoms consistent with a mood disorder of a <b>repeated nature</b> that impairs school, social, or work efficiency do not meet the standard.	Maybe
<b>Suicidality or self-harming behaviors:</b> history of suicidal behavior, including gesture(s) or attempt(s), or history of self-mutilation, do not meet the standard.	Yes
<b>Anxiety disorders:</b> Anxiety or panic, agoraphobia, social phobia, simple phobias, obsessive-compulsive, other acute reactions to stress, and posttraumatic stress disorder do not meet the standard.	Yes
<b>Psychotic disorders:</b> Schizophrenia, paranoid disorder, other unspecified psychosis, or disorders with psychotic features.	Yes
<b>Substance use disorders:</b> alcohol dependence or abuse; drug dependence or drug abuse does not meet the standard.	Yes
<b>Adjustment disorders:</b> current or in past 3 months do not meet the standard.	3 months
<b>Personality disorders:</b> Interview, psychological testing, or history (demonstrated by repeated inability to maintain reasonable adjustment in school, with employers or fellow workers, or other social groups), revealing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will likely interfere with adjustment in the Armed Forces does not meet the standard.	Yes
<b>ADHD or perceptual / learning disorder(s):</b> does not meet the standard, unless applicant can demonstrate passing academic performance and there has been no use of medication(s) in the previous 12 months.	Maybe
<b>Academic skills or perceptual defects that interfere with school or employment (i.e. dyslexia):</b> Applicants demonstrating passing academic and employment performance without utilization or recommendation of academic and/or work accommodations at any time in the past 12 months may be qualified.	Maybe
<b>Conduct or behavior disorders:</b> Recurrent encounters with law enforcement agencies, antisocial attitudes or behaviors are tangible evidence of impaired capacity to adapt to military service and as such do not meet the standard.	Yes
<b>Eating disorders:</b> Anorexia nervosa, bulimia, or unspecified disorders of eating lasting longer than 3 months and occurring after 13th birthday do not meet the standard.	After age 13
<b>Sleepwalking, enuresis, or encopresis:</b> after 13th birthday does not meet the standard.	After age 13
<b>Dissociative disorders:</b> including, but not limited to hysteria, depersonalization, and other disorders, do not meet the standard.	Yes
<b>Somatiform disorders:</b> including, but not limited to hypochondriasis or chronic pain disorder, do not meet the standard.	Yes
<b>Psychosexual conditions:</b> including, but not limited to transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias, do not meet the standard.	Yes
<b>Receptive or expressive language disorders:</b> including, but not limited to any current speech impediment, stammering and stuttering of such a degree as to significantly interfere with production of speech or to repeat commands	Current sx only
<b>Other:</b> Current or history of other mental disorders that in the opinion of the civilian or military provider will interfere with, or prevent satisfactory performance of military duty, do not meet the standard.	Yes

History\* = history of this condition is disqualifying from military service.

Neurologic Conditions (Disqualifying) for Military Entry or Reenlistment

Summary of AR40-501, paragraph 2-26:

DISQUALIFYING NEUROLOGICAL HEALTH CONDITIONS	History*
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Subarachnoid or intracerebral hemorrhage, vascular insufficiency, aneurysm, arteriovenous malformation, congenital or acquired anomalies of the CNS, meningocele, disorders of the meninges including cysts, degenerative disorders affecting the brain or spinal cord or peripheral nerves, neurosyphilis, narcolepsy or cataplexy, paralysis, weakness, lack of coordination, chronic pain, sensory disturbance, myasthenia gravis, multiple sclerosis, tic disorders, retained central nervous system shunts.	Yes
<b>CNS infections:</b> including, but not limited to meningitis, encephalitis, or brain abscess, do not meet the standard if occurring within 1 year before examination, or if there are residual neurological defects.	Maybe
<b>Epilepsy:</b> occurring beyond the 6th birthday, unless the applicant has been free of seizures for a period of 5 years while taking no medication for seizure control, and has a normal electroencephalogram (EEG) does not meet the standard. All such applicants will have a current neurology consultation with current EEG results.	Maybe
<b>Recurrent headaches:</b> including migraines and tension headaches that interfere with normal function in the past 3 years, or such severity to require prescription medications.	Maybe
<p><b>Head injury:</b></p> <p>(1) <b>History of head injury will be disqualifying if associated with any of the following:</b></p> <ul style="list-style-type: none"> <li>(a) Post-traumatic seizure(s) occurring more than 30 minutes after injury.</li> <li>(b) Persistent motor or sensory deficits.</li> <li>(c) Impairment of intellectual function.</li> <li>(d) Alteration of personality.</li> <li>(e) Unconsciousness, amnesia, or disorientation of person, place, or time of 24-hours duration or longer post-injury.</li> <li>(f) Multiple fractures involving skull or face.</li> <li>(g) Cerebral laceration or contusion.</li> <li>(h) History of epidural, subdural, subarachnoid, or intracerebral hematoma.</li> <li>(i) Associated abscess or meningitis.</li> <li>(j) Cerebrospinal fluid rhinorrhea or otorrhea persisting more than 7 days.</li> <li>(k) Focal neurologic signs.</li> <li>(l) Radiographic evidence of retained foreign body or bony fragments secondary to the trauma and/or operative procedure in the brain.</li> <li>(m) Leptomeningeal cysts or Arteriovenous Fistula.</li> </ul> <p>(2) <b>Moderate head injury:</b> Moderate head injuries do not meet the standards. They are defined as unconsciousness, amnesia, or disorientation of person, place, or time alone or in combination, of more than 1 and less than 24-hours duration post-injury, or linear skull fracture. After 2 years post-injury, applicants may be qualified if neurological consultation shows no residual dysfunction or complications.</p> <p>(3) <b>Mild head injury:</b> does not meet the standard. After 1 month post-injury, applicants may be qualified if neurological evaluation shows no residual dysfunction or complications. Mild head injuries are defined as a period of unconsciousness, amnesia, or disorientation of person, place, or time, alone or in combination of 1 hour or less post-injury.</p> <p>(4) <b>Persistent post-traumatic symptoms:</b> Symptoms defined as having interfered with normal activities or have duration of greater than 1 month do not meet the standard. Such symptoms include, but are not limited to headache, vomiting, disorientation, spatial disequilibrium, impaired memory, poor mental concentration, shortened attention span, dizziness, or altered sleep patterns.</p>	Maybe

*History\* = history of this condition is disqualifying from military service.*

### **Chapter 3: Medical Fitness Standards for Retention**

This chapter applies to those personnel who initially met the medical standards when entering the military / USUHS / HPSD, but now have a medical condition or physical defect that may render them unfit for further military service. This chapter applies to Active Duty / Reserve / National Guard

Soldiers, Officers, and Warrant Officers, and USUHS / HPSP students. Active duty Soldiers who do not meet the medical retention standards in this chapter must be referred to an MEB/PEB for a fitness-for-duty determination.

MEB is required for disqualifying medical conditions and physical defects, individually or in combination, which:

- Significantly limit or interfere with the Soldier’s performance of their duties.
- May compromise or aggravate the Soldier’s health or well-being if they were to remain in the military Service. This may involve dependence on certain medications, appliances, severe dietary restrictions, or frequent special treatments, or a requirement for frequent clinical monitoring.
- May compromise the health or well-being of other Soldiers.
- May prejudice the best interests of the Government if the individual were to remain in the military Service.

Inappropriate MEB Referrals

- A Soldier will not be referred to an MEB or a PEB because of impairments that were known to exist at the time of acceptance in the Army and that have remained essentially the same in degree of severity and have not interfered with successful performance of duty.
- Many of the conditions listed in this chapter (for example, arthritis in para 3–14b) fall below retention standards only if the condition has precluded or prevented successful performance of duty. In those cases when it is clear the condition is long standing and has not prevented the Soldier from reaching retirement, then the Soldier meets the standard and an MEB is not required.
- If the Secretary of Defense prescribes less stringent standards during partial or full mobilization, individuals who meet the less stringent standards but do not meet the standards of this chapter will not be referred for an MEB or a PEB, until the termination of the mobilization or as directed by the Secretary of the Army.

Administrative Separation - Psychiatric Disorders

Summary of AR40-501, paragraph 2-27:

PSYCHIATRIC DISORDER	CAUSES FOR ADMINISTRATIVE SEPARATION
<b>Personality d/o</b>  <b>Psychosexual</b> <b>Transsexual</b> <b>Gender Identity</b> <b>Exhibitionism</b> <b>Transvestism</b> <b>Voyeurism</b> <b>Other</b> <b>Paraphilias</b>  <b>Factitious d/o</b>  <b>Impulse control disorder NOS</b>	<p>These conditions render an individual administratively unfit rather than unfit because of physical illness or medical disability. These conditions will be dealt with through administrative channels, including AR 135–175, AR 135–178, AR 635–200, or AR 600–8–24.</p> <p>A history of, or current manifestations of, personality disorders, disorders of impulse control not elsewhere classified, transvestism, voyeurism, other paraphilias, or factitious disorders, psychosexual conditions, transsexual, gender identity disorder to include major abnormalities or defects of the genitalia such as change of sex or a current attempt to change sex, hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis or dysfunctional residuals from surgical correction of these conditions render an individual administratively unfit.</p>
<b>Acute Adjustment d/o</b> with duration less than 6 months	Situational maladjustments due to acute or chronic situational stress do not render an individual unfit because of physical disability, but may be the basis for administrative separation if recurrent and causing interference with military duty.

Appropriate MEB Referrals

Physicians are responsible for referring Soldiers with conditions listed below to an MEB. Possession of one or more of the conditions listed in this chapter does not mean automatic retirement or separation from the Service. It is critical that MEBs are complete and reflect all of the Soldier’s medical problems and physical limitations. The PEB will make the determination of fitness or unfitness. The PEB, under the authority of the U.S. Army Physical Disability Agency, will consider the results of the MEB, as well as the requirements of the Soldier’s MOS, in determining fitness. Physicians who identify Soldiers with medical conditions listed in this chapter should initiate an MEB at the time of identification. Physicians should not defer initiating the MEB until the Soldier is being processed for nondisability retirement.

The list provided in the regulation is not exhaustive. Any physical or psychological condition that is not specifically mentioned may be cause for MEB, if determined to meet the following criteria described below (**AR40-501, Chapter 3-41e**):

Chapter 3-41e. Miscellaneous conditions and defects.

- 1) Conditions and defects not mentioned elsewhere in this chapter are causes for referral to an MEB, if:
- 2) The conditions (individually or in combination) result in interference with satisfactory performance of duty as substantiated by the individual's commander or supervisor. Any medical condition, injury or defect (individually or in combination) that prevents the Soldier from performing any of the functional activities listed under item number 5 on DA Form 3349 (Physical Profile).
- 3) The individual's health or well-being would be compromised if they were to remain in the military service. In view of the Soldier's condition, their retention in the military service would prejudice the best interests of the Government (for example, a carrier of communicable disease who poses a health threat to others). Questionable cases, including those involving latent impairment, will be referred to PEBs.

MEB Referral - Psychiatric Disorders

Summary of AR40-501, Chapters 3-31 – 3-37

<b>PSYCHIATRIC DISORDERS</b>	<b>CAUSES FOR REFERRAL TO MEB:</b>
Mood Anxiety Somatoform Dissociative	Persistence or recurrence of any of the below symptoms: <ol style="list-style-type: none"> <li>a. sufficient to require extended or recurrent hospitalization.</li> <li>b. necessitating limitations of duty or duty in protected environment.</li> <li>c. resulting in interference with effective military performance.</li> </ol>
Psychotic features	Either situation: <ol style="list-style-type: none"> <li>a. Diagnosed psychiatric conditions that fail to respond to treatment or restore the Soldier to full function within 1 year of onset of treatment.</li> <li>b. Mental disorders not secondary to intoxication, infections, toxic, or other organic causes, with gross impairment in reality testing, resulting in interference with social adjustment or with duty performance.</li> </ol>
Dementia and Cognitive Disorders due to Medical Condition	Persistence of symptoms or associated personality change sufficient to interfere with the performance of duty or social adjustment.
Eating disorders	Symptoms are unresponsive to treatment or that interfere with the satisfactory performance of duty.

MEB Referral - Medical Disorders

Partial Summary of AR40-501, Chapters 3-30 and Other Selected Medical Conditions

<b>MEDICAL DISORDERS</b>	<b>CAUSES FOR REFERRAL TO MEB:</b>
HIV and STDs	HIV confirmed antibody positivity, with the presence of progressive clinical illness or immunological deficiency. Symptomatic neurosyphilis in any form. Complications or residuals of a sexually transmitted disease of such chronicity or degree that the individual is incapable of performing useful duty.
Heat injury	Soldiers who experience complications (CNS, renal, hepatic, elevated CK) for 2 weeks from a single episode or have 3 episodes of uncomplicated heat exhaustion or heat injury in less than 24 months.
Obstructive sleep apnea or sleep-disordered breathing  Narcolepsy, sleepwalking, or	Symptoms cause daytime hypersomnolence or snoring that interferes with the sleep of others and that cannot be corrected with medical therapy, nasal continuous positive airway pressure (CPAP), surgery, or an oral appliance. The diagnosis must be based upon a nocturnal polysomnogram and the evaluation of a pulmonologist, neurologist, or a privileged provider with expertise in sleep medicine.

similar sleep disorders	<p>(1) A 12-month trial of therapy with nasal continuous positive air pressure may be attempted to assist with other therapeutic interventions, during which time the individual will be issued a temporary profile. Soldiers with severe sleep apnea and/or symptoms may be referred directly for an MEB. If nasal CPAP is required for longer than 12 months, the Soldiers should be profiled as a permanent P2.</p> <p>(2) If symptoms of hypersomnolence or snoring cannot be controlled with medical therapy, nasal CPAP, surgery or an oral appliance, the individual should be referred for a MEB. If the use of nasal CPAP or other therapies for sleep apneas result in interference with satisfactory performance of duty as substantiated by the individual's commander or supervisor, the Soldier should be referred to a MEB.</p> <p>Narcolepsy, sleepwalking, or similar sleep disorders may be an indication for MEB.</p>
Migraine, tension, or cluster headaches	<p>When manifested by frequent incapacitating attacks, all such Soldiers will be referred to a neurologist, who will ascertain the cause of the headaches. If the neurologist feels a trial of prophylactic medicine is warranted, a 3-month trial of therapy can be initiated. If the headaches are not adequately controlled at the end of the 3 months, the Soldier will undergo an MEB for referral to a PEB. If the neurologist feels the Soldier is unlikely to respond to therapy, the Soldier can be referred directly to MEB.</p>
Seizures, Epilepsy, Pseudoseizures	<p>Seizures by themselves are not disqualifying unless they are manifestations of epilepsy. In general, epilepsy is disqualifying unless the Soldier can be maintained free of clinical seizures of all types by nontoxic doses of medications. All active duty Soldiers with suspected epilepsy must be evaluated by a neurologist who will determine whether epilepsy exists and whether the Soldier should be given a trial of therapy on active duty or referred directly to an MEB for referral to a PEB.</p> <p>Recurrent pseudoseizures are most commonly seen in the presence of epilepsy. As such, they do not meet the standard under the same rules as epilepsy. While each case may be individualized, their evaluation by a neurologist should be routinely sufficient.</p>
Fibromyalgia	<p>When severe enough to prevent successful performance of duty. Diagnosis will include evaluation by a rheumatologist.</p>
Any other neurologic conditions, Traumatic Brain Injury (TBI) or other etiology	<p>When after adequate treatment there remains residual symptoms and impairments such as persistent severe headaches, uncontrolled seizures, weakness, paralysis, or atrophy of important muscle groups, deformity, incoordination, tremor, pain, or sensory disturbance, alteration of consciousness, speech, personality, or mental function of such a degree as to significantly interfere with performance of duty.</p>
Miscellaneous conditions and defects	<p>Conditions and defects not mentioned elsewhere in this chapter are causes for referral to an MEB, if—</p> <p>(1) The conditions (individually or in combination) result in interference with satisfactory performance of duty as substantiated by the individual's commander or supervisor. Any medical condition, injury or defect (individually or in combination) that prevents the Soldier from performing any of the functional activities listed under item number 5 on DA Form 3349 (Physical Profile).</p> <p>(2) The individual's health or well-being would be compromised if they were to remain in the military service.</p> <p>(3) In view of the Soldier's condition, their retention in the military service would prejudice the best interests of the Government (for example, a carrier of communicable disease who poses a health threat to others). Questionable cases, including those involving latent impairment, will be referred to PEBs.</p>

## Chapter 4: Medical Fitness Standards for Flying Duty

This chapter establishes medical fitness standards for personnel involved in flying; it applies to military and civilian pilots, unmanned aerial systems pilots, flight surgeons, aeromedical physician assistants, aviation medicine nurse practitioners, air traffic controllers, aircrew, and applicants for slight training programs. These standards are much higher than the medical fitness standards at the time of entry into or retention in the military.

### Flying Duty - Disqualifying Psychiatric Disorders

Partial Summary of AR40-501, Chapter 4-23

<b>FLYING DUTY: DISQUALIFYING BEHAVIORAL HEALTH CONDITIONS</b> <i>(These causes of medical unfitness for flying are the same as those listed in AR40-501; paragraph 2-27, except for the changes listed below).</i>
<b>Mood disorders:</b> any diagnosis, ever.
<b>Suicidality or self-harming behaviors:</b> any attempt or behavior, ever.
<b>Anxiety disorders:</b> Any history of diagnosis; any phobias or severe or prolonged anxiety episodes, after age 12, even if they do not meet the diagnostic criteria of DSM-IV.
<b>Psychotic disorders:</b> any psychotic symptom ever, except delirium due to medical cause before age 12.
<b>Alcohol use:</b> any alcohol abuse or dependence, ever. History of alcohol misuse may disqualify.
<b>Drug use:</b> any drug use at all, ever.
<b>Adjustment disorder:</b> any until reviewed by U.S. Army Aeromedical Activity (USAAMA).
<b>Personality disorders:</b> any diagnosis - Personality traits insufficient to meet DSM-IV criteria for personality disorder diagnosis may be cause for an unsatisfactory Aeromedical Adaptability (AA) rating.
<b>Insomnia:</b> severe or prolonged
<b>Unconscious (neurotic) fear of flying:</b> manifested as psychiatric or somatic symptoms. Refer aircrew with a conscious fear of flying, that is, those who have made a conscious choice not to fly, to the aviation unit commander for a nonmedical disqualification and flying evaluation board (FEB). (See AR 600-105.)
<b>Emotional responses to situations of stress:</b> either combat or noncombat, when such a reaction may interfere with the efficient and safe performance of an individual's flying duties as determined by review by the USAAMA.
<b>Stuttering, sleepwalking, sleep terror disorders:</b> if occurred after the 14th birthday.
<b>Developmental disorders:</b> History of pervasive or specific developmental disorders usually first seen in childhood.
<b>Conduct or behavior disorders:</b> any diagnosis, ever.
<b>Dissociative disorders:</b> any diagnosis, ever.
<b>Somatoform or factitious disorders:</b> any diagnosis, ever.
<b>Impulse control disorders:</b> any diagnosis, ever.

## Chapter 5: Medical Fitness Standards for Miscellaneous Purposes

This chapter sets forth medical conditions and physical defects that are a cause for rejection for specialty training in the Army. The fitness standards are high and only psychological conditions are reviewed in this summary.

### **This chapter applies to anyone applying for:**

- a. Airborne training and duty, Ranger training and duty, and Special Forces training and duty.
- b. SERE training.
- c. Freefall parachute training and duty.
- d. Army service schools.
- e. Diving training and duty.
- f. Enlisted MOSs (involving diving).
- g. Geographical area assignments.
- h. Deployment.

### Army Specialty Training - disqualifying psychiatric conditions:

All the medical standards in **AR40-501, paragraph 2-27**, apply in addition to the requirements listed below:

- a. Individuals who are under treatment with any mood-ameliorating, tranquilizing, or ataraxic drugs for hypertension, angina pectoris, nervous tension, instability, insomnia, and so forth, and for a period of 4 weeks after the drug has been discontinued.
- b. Evidence of excessive anxiety, tenseness, or emotional instability. Fear of dark or enclosed spaces, fear of heights.
- c. Fear of flying when a manifestation of a psychiatric illness.
- d. History of psychosis or attempted suicide at any time.
- e. Phobias that materially influence behavior.
- f. Abnormal emotional response to situations of stress, when in the opinion of the medical examiner such reactions will interfere with the efficient and safe performance of duty.

### Army Deployment / Geographical Areas

Deployed environments or OCONUS assignments require a certain standard of medical fitness. A psychiatric condition controlled by medication should not automatically lead to non-deployment. Soldiers with a psychiatric disorder in remission or whose residual symptoms do not impair duty performance may be considered for deployment duties. The availability, accessibility, and practicality of a course of treatment or continuation of treatment in theater or austere environment should be consistent with clinical practice standards. If there are any questions on the safety of psychiatric medication, a psychiatrist must be consulted.

The final decision to deploy a Soldier with certain medical conditions is a command decision, based on the health care provider's (HCP's) recommendations and taking into account the geographical and environmental conditions the Soldier will be subject to and the mission requirements the Soldier will be assigned. A Soldier with a temporary profile may deploy after the temporary disqualification expires or when the commander and the HCP agree the Soldier is deployable. When HCPs and unit commanders disagree on the deployability status of a Soldier, the decision will be raised to the first general officer in the Soldier's chain of command, who will review the case and make the final decision. Soldiers with a permanent profile 3 or 4 may not deploy without a record of retention by a Military Occupation Specialty Medical Retention Board (MMRB) or a PEB unless the MMRB Convening Authority waives this requirement.

### General considerations for deployment

The following medical conditions and defects will preclude assignments or attachment to duty at any type of duty in OCONUS isolated areas where adequate medical care is not available (these fitness standards also pertain to dependents of personnel being considered):

- A history of emotional or mental disorders, including character disorders, of such a degree as to have interfered significantly with adjustment or are likely to require treatment during this tour.
- Any medical conditions where maintenance medication is of such toxicity as to require frequent clinical and laboratory follow up or where the medical condition requires frequent follow up that cannot be delayed for the extent of the tour.
- Inherent, latent, or incipient medical or dental conditions that are likely to be aggravated by the climate or general living environment prevailing in the area where the Soldier is expected to reside, to such a degree as to preclude acceptable performance of duty. (i.e. consider seasonal affective disorder and deployment to Alaska...)

### Psychiatric considerations for deployment

The following medical conditions must be reviewed carefully by the medical provider before making a recommendation as to whether the Soldier can deploy to duty in a combat zone or austere isolated area where medical treatment may not be readily available.

- **Psychotic and bipolar disorders are considered disqualifying for deployment.**
- Psychiatric disorders that meet medical retention standards must demonstrate a pattern of stability without significant symptoms for at least 3 months prior to deployment.
- Soldiers must demonstrate behavioral stability and minimal potential for deterioration or recurrence of symptoms in a deployed, austere environment, to the extent this can be predicted. The potential for deterioration must be evaluated considering potential environmental demands and individual vulnerabilities.

### Medications disqualifying for deployment

- **Antipsychotics** used to control psychotic, bipolar, and chronic insomnia symptoms;
- **Lithium** and **anticonvulsants** to control bipolar symptoms;
- Medications that require special storage considerations, for example, refrigeration;

- Medications that require laboratory monitoring or special assessments, including lithium, anticonvulsants, and antipsychotics;
- Medication prescribed within **3 months** prior to deployment that has yet to demonstrate efficacy or be free of significant impairing side effects.

### Medications requiring evaluation prior to deployment

Soldiers taking medications should not automatically be disqualified for any duty assignment. Medications used for serious and/or complex medical conditions are not usually suitable for extended deployments. The medications on the list below are most likely to be used for serious and/or complex medical conditions that could likely result in adverse health consequences. This is not an all-inclusive listing of medications that may render an individual non-deployable but is provided as a guideline to be used during pre-deployment medical screening. Because some medications are used for multiple reasons, any medical screening should take into account whether the drug is being used for a serious and/or complex medical condition or another use that might be appropriate for a deploying Soldier.

A complete medical evaluation should be initiated on those personnel regularly taking the following medications:

- **Short half-life benzodiazepines and stimulants:** these psychotropics may be clinically and operationally problematic during deployments. Decisions to deploy personnel on such medications should be balanced with necessity for such medication in order to effectively function in a deployed setting, susceptibility to withdrawal symptoms, ability to secure and procure controlled medications, and potential for medication abuse.
- **Antidepressants** (moderate to severe cases or unstable patients).
- **Antipsychotics**
- **Chronic anxiolytics**
- **Chronic narcotic analgesics**
- **Anticonvulsants** (for the treatment of seizure disorder)
- **Anti-HIV medications**
- **Antiparkinsonians**
- **Any injectable medications**
- **Metformin**

### Sleep apnea treatment requirements for deployment

The Soldier can be deployed if nasal continuous positive airway pressure (CPAP) is required and can be supported in the area of deployment. Criteria for the ability to use nasal CPAP in the area of deployment include the following: availability of a reliable power source; absence of environmental factors that would render electrical equipment inoperable or unreliable, and the availability of a reliable source of replacement supplies such as masks, harnesses, and filters. A Soldier that requires nasal CPAP should not be deployed if these factors cannot be assured and the absence of nasal CPAP would hinder the Soldier from performing his/her military duties. See paragraph 3-41c for profile guidance and for MEB processing criteria.

## **Chapter 7: Physical Profiling (Profiles)**

This chapter prescribes a system for classifying Soldiers according to functional abilities. The physical profile serial system is based primarily upon the function of body systems and their relation to military duties. The functions of the various organs, systems, and integral parts of the body are considered. Since the analysis of the individual's medical, physical, and mental status plays an important role in assignment and welfare, not only must the functional grading be executed with great care, but clear and accurate descriptions of medical, physical, and mental deviations from normal are essential.

Situations that require a mandatory review of an existing physical profile include when a hospitalized Soldier returns to duty. The attending physician will ensure that the patient has the correct physical profile, assignment limitations, and medical follow-up instructions, as appropriate.

In developing the system, the functions have been considered under six factors designated "P-U-L-H-E-S." Four numerical designations are used to reflect different levels of functional capacity. The basic purpose of the physical profile serial is to provide an index to overall functional capacity. Therefore, the functional capacity of a particular organ or system of the body, rather than the defect per se, will be evaluated in determining the numerical designation 1, 2, 3, or 4.

### Profile factors (P-U-L-H-E-S) to be considered for medical fitness

- **P—Physical capacity or stamina.** This factor, general physical capacity, normally includes conditions of the heart; respiratory system; gastrointestinal system, genitourinary system; nervous system; allergic, endocrine, metabolic and nutritional diseases; diseases of the blood and blood forming tissues; dental conditions; diseases of the breast, and other organic defects and diseases that do not fall under other specific factors of the system.
- **U—Upper extremities.** This factor concerns the hands, arms, shoulder girdle, and upper spine (cervical, thoracic, and upper lumbar) in regard to strength, range of motion, and general efficiency.
- **L—Lower extremities.** This factor concerns the feet, legs, pelvic girdle, lower back musculature and lower spine (lower lumbar and sacral) in regard to strength, range of motion, and general efficiency.
- **H—Hearing and ears.** This factor concerns auditory acuity and disease and defects of the ear.
- **E—Eyes.** This factor concerns visual acuity and diseases and defects of the eye.
- **S—Psychiatric.** This factor concerns personality, emotional stability, and psychiatric diseases.

Four numerical designations are assigned for evaluating the individual's functional capacity in each of the six factors. The numerical designator is not an automatic indicator of "deployability" or assignment restrictions, or referral to an MEB. The conditions listed in chapter 3 and the Soldier's functional limitations, rather than the numerical designator of the profile, will be the determining factors for MEB processing.

- **S1:** An individual having a numerical designation of "1" under all factors is considered to possess a high level of medical fitness.
- **S2:** A physical profile designator of "2" under any or all factors indicates that an individual possesses some medical condition or physical defect that may require some activity limitations.
- **S3:** A profile containing one or more numerical designators of "3" signifies that the individual has one or more medical conditions or physical defects that may require significant limitations. The individual should receive assignments commensurate with his or her physical capability for military duty.
- **S4:** A profile serial containing one or more numerical designators of "4" indicates that the individual has one or more medical conditions or physical defects of such severity that performance of military duty must be drastically limited.

*Psychiatric Physical profile functional capacity guide*

<b>FACTORS TO BE CONSIDERED</b>			
Type severity, and duration of the psychiatric symptoms or disorder existing at the time the profile is determined. Amount of external precipitating stress. Predisposition as determined by the basic personality makeup, intelligence, performance, and history of past psychiatric disorder impairment of functional capacity.			
<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>S4</b>
No psychiatric pathology. May have history of a transient personality disorder.	May have history of recovery from an acute psychotic reaction due to external or toxic causes unrelated to alcohol or drug addiction.	Satisfactory remission from an acute psychotic or neurotic episode that permits utilization under specific conditions (assignment when <u>outpatient psychiatric treatment is available</u> or certain <u>duties can be avoided</u> ).	Does not meet S3.

*Temporary Profiles*

Soldiers receiving medical or surgical care or recovering from illness, injury, or surgery, will be managed with temporary profiles until they reach the point in their evaluation, recovery, or rehabilitation where the profiling officer determines that the future impact of the medical condition can be estimated – this determination must be made within 12 months.

- A temporary profile is given if the condition is considered temporary, the correction or treatment of the condition is medically advisable, and correction usually will result in a higher physical capacity.
- Soldiers on active duty and Reserve Component Soldiers not on active duty with a temporary profile will be medically evaluated at least once every 3 months at which time the profile may be extended for a maximum of 6 months from the initial profile start date by the profiling officer.

- All temporary profiles for the same medical condition must be reviewed by the provider; if the total duration of the profiles exceeds 6 months, the Soldier will be referred to a specialist (for that medical condition) for management and consideration for one of the following actions:
  - a. Continuation of a temporary profile for a maximum of 12 months from the initial profile start date;
  - b. Change the temporary profile to a permanent profile;
  - c. Determination of whether the Soldier meets the medical retention standards of chapter 3 and, if not, referral to an MEB.
- **In no case will Soldiers carry a temporary profile that has been extended for more than 12 months.** If a profile is needed beyond the 12 months, the temporary profile will be changed to a S1/S2/S3/S4 permanent profile. Exceptions to the 12-month temporary physical profile restriction must be approved by the medical treatment facility (MTF) commander or their designated senior physician approval authority (often the deputy commander for clinical services).
- Physician assistants, nurse practitioners, and licensed clinical psychologists are limited to awarding temporary numerical designators “2, 3, and 4” for a period not to exceed 90 days. Any extension of a temporary profile beyond 90 days must be signed by a physician, except when the provisions of paragraph 7–9 apply.

### Medical Retention Determination Point (MRDP)

MRDP occurs during the Soldier’s evaluation and treatment when a medical provider has sufficient clinical information to determine if a Soldier is medically retainable. In general, at MRDP a Soldier’s progress appears to have medically stabilized; the course of further recovery is relatively predictable; and it can be reasonably determined that the Soldier is most likely not capable of performing the duties required of his MOS, grade, or rank.

The MRDP (and a subsequent referral to a MEB/PEB if needed) will be made within 1 year of being diagnosed with a medical condition(s) that does not appear to meet medical retention standards, but the referral may be earlier if the medical provider determines that the Soldier will not be capable of returning to duty within 1 year.

### Permanent Profiles and MEB referrals

- If the medical condition at the MRDP is determined to be long-standing or permanent, the profile will be designated as “permanent”.
  - When a permanent profile is assigned by the profiling officer (i.e. psychiatrist), he must then assess if the Soldier meets medical retention standards (AR40-501, Chapter 3) and if the Soldier can be retained on active duty or if a MEB is required.
  - Soldiers on who do meet medical retention standards will receive a designation of permanent “1” or “2” and no MEB referral will be made.
  - Soldiers who do not meet the medical retention standards must be referred to an MEB under designation of a permanent “3” or “4” profile, which will require signatures of 2 profiling officers.
- Permanent profiles may be amended (following the correct procedure) at any time if clinically indicated and will automatically be reviewed and verified by the privileged provider at the time of a Soldier’s periodic health assessment or other medical examination. When a permanent “3” or “4” profile is changed to a permanent “1” or “2” the change requires the signatures of 2 profiling officers, one of which is a physician approving authority.
- Soldiers with a permanent S3 or S4 profile who were found to meet medical retention standards during their MEB evaluation, will be referred to a Medical MOS Retention Board (MMRB) per AR 600-60 to determine if they can continue in the current MOS.

### Common Profile Codes (A-Y)

CODE	DESCRIPTION	MEDICAL CRITERIA
A	No assignment limitation.	No demonstrable anatomical or physiological impairment within standards in P-U-L-H-E-S.
B	Soldier has minor impairments that may disqualify for certain MOS training or assignment.	Minimal loss of joint motion, visual and hearing loss.
F	No assignment or deployment to OCONUS areas where definitive medical care for the Soldier’s medical condition is not available.	Individuals who require continued medical supervision with hospitalization or frequent outpatient visits for serious illness or injury.
H	No duty where sudden loss of consciousness would be dangerous to self or to others such as work on scaffolding, vehicle-driving, or near	Seizure disorders or conversion disorders; other disorders producing syncopal attacks of severe vertigo, such as Ménière’s syndrome.

	moving machinery.	
U	Soldier has a limitation that needs to be considered Individually as follows: (Briefly define limitation in profile comments section.)	Any significant functional assignment limitation not specifically identified elsewhere.
V	Deployment. This code identifies a Soldier with restrictions on deployment to certain areas.	Explanations of condition(s) and specific restrictions are noted in the medical record.
Y	Fit for duty. This Soldier has been determined to be fit for duty (not entitled to separation or retirement because of physical disability) after complete processing under AR 635-40.	

\*Refer to Table 2 in AR 40-501 for complete list of profile codes.

### Profiles: APFT / Army Weight Control Program

Profiles will not be used to excuse Soldiers from the provisions of AR 600-9 (Army Weight Control Program). The AR 600-9 contains a standard memorandum for completion by a physician if there is an underlying or associated disease process that is the cause of the overweight condition. The inability to perform all APFT events or the use of certain medications is not generally considered sufficient medical rationale to exempt a Soldier from AR 600-9.

## **AR635-200: Active Duty Enlisted Administrative Separations**

This regulation sets policies, standards, and procedures to ensure the readiness and competency of the force while providing for the administrative separation of Soldiers for the following reasons:

1. Expiration of term of service (ETS) (i.e. successful fulfillment of enlisted active duty obligation)
2. Needs of the Army (i.e. reduction of size of military)
3. Retirement
4. "ADMIN SEPARATION" for failure or inability of the Soldier to maintain standards of military service.

Soldiers who do not conform to required standards of discipline and performance and Soldiers who do not demonstrate potential for further military service should be separated in order to avoid the high costs in terms of pay, administrative efforts, degradation of morale, and substandard mission performance.

### Summary of Administrative Separation Chapters:

#*	Chapter Title	CoC*	Requires	Discharge <sup>1</sup>
4	Expiration of Service Obligation	X		H
5	Convenience of the Government	X	Medical <sup>2</sup>	U/H/GHC
	5-8) Involuntary separation due to parenthood	X	DA3822*	
	5-13) Personality disorder 5-17) Other designated physical or mental conditions	X	DA3822*	
6	Dependency or Hardship			U/H/GHC
7	Defective Enlistments/Re-enlistments and Extensions			OTH
8	Pregnancy		No MEB	U/H/GHC
9	Alcohol or Other Drug Abuse Rehabilitation Failure		DA3822*	U/H/GHC
10	Discharge in Lieu of Trial by Court-Martial		No PEB**	OTH/G
11*	Entry Level Performance and Conduct	X		U / H
12	Retirement for Length of Service			H
13*	Unsatisfactory Performance (including APFT failure)	X	DA3822*	H / GHC
14*	Misconduct		DA3822*	OTH / G
	14-12ab) Minor disciplinary infractions or a	X	DA3822*	

	pattern of misconduct			
18	Failure to Meet Weight Control Standards	X		H / U
<p>## = Chapter number  <b>11*</b>, <b>13*</b>, and <b>14*</b> are Chapters that require the Command should consider the value of local unit relocation before separation.  <b>CoC*</b> = Chain of Command will ensure that adequate counseling and/or rehabilitative measures are taken before initiating separation.  <b>DA3822*</b> = Formal exam of mental status is required (psychiatrists, doctorate-level psychologists and possibly social workers).  <b>No PEB*</b> = Soldiers cannot be referred to PEB for disability determination even if MEB is approved.  <sup>1</sup> <b>H</b> =Honorable; <b>G</b> = General; <b>GHC</b> = General Under Honorable Conditions; <b>OTH</b> = Other Than Honorable; <b>U</b> = Uncharacterized if entry-level separation.  <b>Medical</b><sup>2</sup> = medical examination is required for involuntary separations.</p>				

## **Chapters 1-2: General Provisions and Procedures**

Diligent efforts (by Command, in form of counseling statement DA Form 4856) will be made to identify Soldiers who exhibit a likelihood for early separation and to improve their chances for retention through counseling, retraining, and rehabilitation prior to initiation of separation proceedings. There must be evidence of continuation of the Soldier's deficiencies after a reasonable amount of time after at least one counseling session was conducted.

Prior to decision to pursue administrative separation, the Command should review the Soldier's past military service record, awards, performance, rehabilitation potential, and the seriousness and likelihood of recurrence of the incident.

Relevant adverse information from previous periods of military service (i.e. NJP, court martial) can be considered during the decision making process.

Soldiers with 20+ years of service may request for voluntary retirement (DA Form 2339) instead of administrative separation (but this may be rejected).

### **Restrictions on administrative separation**

- Soldier has not been counseled or given reasonably chance to correct deficiencies.
- Reasons for separation has been acquitted by legal authority or were found to not warrant separation in previous administrative evaluation. (However, if new incriminating evidence is found or Soldier commits new actions that can be considered for new administrative separation process).

### **Local unit relocation**

Soldiers (except trainees) will be relocated locally at least once with minimum of 3 months of duty in each unit. The rehabilitative transfer requirements in chapters 11, 13, and 14 may be waived by the separation authority in circumstances where common sense and sound judgment indicate that such transfer will serve no useful purpose or produce a quality Soldier. Such circumstances may include:

- Two consecutive failures of the Army physical fitness test.
- Pregnancy while in entry-level status.
- Highly disruptive or potentially suicidal behavior, particularly in reception battalions.
- Active resistance of rehabilitative efforts.
- Soldiers assigned to small installations or at remote locations.
- Situations in which transfer to a different duty station would be detrimental to the Army or the Soldier (for example, indebtedness, end of participation in the Alcohol and Drug Abuse Prevention and Control Program, Mental Health Treatment Program, and so forth).

The Soldier must receive written notice from his commander that details specifically why administrative separation is pursued and the description of the least favorable characterization of service (i.e. dishonorable) that may occur.

- Soldier will have at least 3 duty days to seek legal counsel, submit statements, and request a hearing by an administrative board (if the Soldier has 6 or more years of service).
- The board will consist of "experienced and unbiased" NCOs (E-7 or above), warrant officers, and officers. Female Soldiers may request a female voting member if one is reasonably available.
- Failure to respond by the Soldier in 7 days will result in waiver of these rights.
- Soldier will be notified of board date at least 15 days prior.
- Soldier will be provided "names and addresses" of witnesses expected to be called at the board hearing.
- Soldier will be given opportunity to produce witness in his or her defense.

There is no fixed processing time for separation, but expediency is encouraged:

- < 15 working days for “notification only” separation procedure
- < 50 working days for “administrative board” separation procedure

### Special considerations for separation of sexual assault victims

- Commanders must review all administrative separations of victims of sexual assault to ensure that the separation is not in retaliation to the filing of an unrestricted report of sexual assault. (Involve JAG as needed.)
- Commanders must consult appropriate medication personnel if the sexual assault victim has a medication condition (i.e. PTSD) that is related to the sexual assault.
- Commander must consult JAG and CID if the Soldier (victim) has an open legal case against the alleged offender.

### Suspension of approved administrative separation

- Separation authority or higher authority may place an approved separation decision on hold for up to 12 months if the Soldier is able to remain on full-time military capacity.
- The authority may then decide to cancel the separation altogether if Soldier has demonstrated sufficient improvement.

### Consequences of Administrative Separation

- Reduction in pay grade may occur in addition to separation.
- Enlistment or re-enlistment bonuses are recouped for the unearned portion if the separation is voluntary or due to misconduct.
- Educational benefits (i.e. GI Bill) are lost if ETS date is more than 90 days from date of administrative separation for Convenience of Government (Chapter 5) and pregnancy (Chapter 8). (Note: This may apply to other chapters as well depending on the circumstances).
- Permanent resident aliens need to be counseled on the potential impact of the separation on fulfilling naturalization requirements (i.e. they may fail to get U.S. citizenship or if they have already received it, INS may remove it.)
- The Soldier will need to make up lost days of military service at end of enlistment if the losses were due to being AWOL, legal confinement, disease or injury due to misconduct.
- Soldier may be retained on active duty beyond ETS date if continued in-patient hospital care is needed and physical disability processing (MEB/PEB) is required.
- DA Form 3822 (mental status examination) needs to be completed for Soldiers separated for Unsatisfactory Performance (Chapter 13) - if MEB is recommended and approved, the Soldier must be referred for disability processing (PEB).
  - Medical providers will not be used in an investigative capacity to determine facts relative to the Soldier's behavior.
- In addition to administrative separation, Soldiers can be barred from being eligible for reenlistment (AR 601-280 or AR 140-111).
- **Individual Ready Reserve (IRR):** Soldiers who complete their service obligations will be transferred to the IRR upon discharge from the military. IRR is an additional source of reserve Soldiers for times of extreme emergency. No training is required and no pay is given during this period (typically several years after separation from the military) unless activated by the government. Soldiers who had an unfavorable administrative separation often will not be assigned to the IRR.

### Concurrent MEB and Administrative Separation

- A psychiatrist can initiate MEB based on a mental status evaluation during administrative separation proceedings.
- If initiated, MEB will take precedence over administrative separation proceedings, except for Discharge in Lieu of Trial by Court-Martial (Chapter 10) separations.
- Enlisted Soldiers may NOT be referred for, or continue, physical disability processing (PEB) when action has been started under any regulatory provision which authorizes a characterization of service of under other than honorable conditions.
- If the MEB agrees that the Soldier does not meet medical retention criteria and recommends disability processing (PEB), such a referral to PEB is only appropriate if (p. 15 in AR635-200):
  - UCMJ action has not been initiated.
  - “The Soldier has not been medically diagnosed as drug dependent”
  - “The Soldier's medical condition is the direct or substantial contributing cause of the conduct that led to the recommendation for administrative elimination” or “Other circumstances of the individual case warrant disability processing instead of further processing administrative separation”.
  - (The above means that a MEB cannot result in successful medical retirement if the actions leading to the administrative separation are not the cause of the behavior that initiated the administrative proceedings AND there are no other “circumstances” that would warrant disability processing (regulations are unclear on what the exactly means).
- Defective Enlistments/Re-enlistments and Extensions (Chapter 7) and Misconduct (Chapter 14) separations will restart if MEB concludes that no referral to PEB is warranted. If the MEB results in a referral to PEB for medical retirement, the administrative proceedings for these chapters will be terminated.

## **Chapter 3: Character of Service / Description of Separation**

As a general matter, characterization of service will be based upon a pattern of behavior other than an isolated incident. There are circumstances, however, in which the conduct or performance of duty reflected by a single incident provides the basis for characterization. Eligibility for veterans' benefits provided by law, eligibility for re-entry into service, and acceptability for employment in the civilian community may be affected by these determinations. Both honorable and general discharges entitle a Soldier to full Federal rights and benefits provided by law. Discharge under other than honorable conditions may or may not deprive the Soldier of veterans' benefits administered by the Department of Veterans Affairs; a determination by that agency is required in each case.

Categories of service characterization:

### **Void enlistment**

No characterization will be given if an enlistment is void due to the Soldier having been "intoxicated or insane", under age of 17, or is a deserter from another military service at the time of enlistment.

### **Entry-level with service uncharacterized**

An "uncharacterized" separation is typically given for Soldiers who were separated within the first 6 months of training and has not yet reported to a unit of assignment. (An entry level separation can be characterized as "honorable discharge" in the presence of circumstances that clearly merit such characterization.

### **Honorable discharge**

The honorable characterization is appropriate when the quality of the Soldier's service generally has met the standards of acceptable conduct and performance of duty for Army personnel or is otherwise so meritorious that any other characterization would be clearly inappropriate. An honorable discharge may be furnished when disqualifying entries in the Soldier's military record are outweighed by subsequent honest and faithful service over a greater period of time during the current term of service.

### **General discharge under honorable conditions**

Issued when the reason for separation specifically allows such characterization. It will not be issued to Soldiers solely upon separation at expiration of their period of enlistment, military service obligation, or period for which called or ordered to active duty.

### **General discharge**

Issued to a Soldier whose military record is satisfactory but not sufficiently meritorious to warrant an honorable discharge

### **Under other than honorable conditions**

An administrative separation issued for misconduct, fraudulent entry, security reasons, or in lieu of trial by court martial for violence, endangerment of security or wellbeing of others, abuse of position of trust, and disregard by a superior of customary superior-subordinate relationships (i.e. officer grossly failing in his work).

### **Bad conduct discharge**

Soldiers will be given a bad conduct discharge pursuant only to an approved sentence of a general or special court-martial.

### **Dishonorable discharge**

Soldiers will be given a dishonorable discharge pursuant only to an approved sentence of a general court-martial.

**The following information cannot be used against a Soldier on the issue of characterization of service:**

1. The results of mandatory urinalysis or alcohol-breath tests when such use is prohibited by AR 600-85.

2. A Soldier's voluntary self-referral to substance treatment or rehabilitation program.
3. Evidence concerning illegal drug or alcohol use or possession of drugs incidental to personal use occurring prior to initial referral to a treatment and rehabilitation program provided voluntarily by a Soldier either as part of initial entry or at a scheduled interview when enrolled in such a program.
4. Evidence concerning illegal drug or alcohol use or possession of drugs incidental to personal use obtained as a result of a Soldier's emergency medical care for an actual or possible drug or alcohol overdose when such use is prohibited by AR 600–85.

The following information can be used against a Soldier on the issue of characterization of service:

1. Evidence of drug or alcohol abuse that was first introduced by the Soldier.
2. Evidence of drug or alcohol abuse after initial entry into the treatment and rehabilitation program.

## **Chapter 4: Separation for Expiration of Service Obligation**

This separation is applied upon expiration of enlistment or successful fulfillment of service obligation. This is the most common separation for enlisted soldiers who are not eligible for retirement. (See Chapter 12 for retirement).

- Soldiers will be informed of separation, reenlistment, or retirement options at 6 months prior to end of enlistment.
- Typically an "honorable" separation.

## **Chapter 5: Separation for Convenience of the Government**

Ordinarily, Chapter 5 is used when no other provision of this regulation applies, and early separation is clearly in the best interest of the Army. Separation may be voluntary or involuntary. Involuntary separations require medical examination.

Chain of command must include in the report the rationale why separation will be in the best interest of the Army. They will also ensure that required counseling has been completed and provide recommendations in regards to characterization of service, eligibility for re-enlistment, recoupment of enlistment/re-enlistment bonus, and award of separation pay.

Reasons for separation include (but are not limited to):

### **HIV infection (AR 600-110)**

### **Refusal to submit to medical care (AR 600-20)**

### **Soldier's religious practice cannot be accommodated (AR 600-20)**

### **5-8: Involuntary separation due to parenthood**

- Soldier's parental obligations interfere with fulfillment of military responsibility or deployment for worldwide deployment: inability to perform duties, absenteeism, tardiness, inability to participate in field training or special duties (i.e. guard/CQ duty).

### **5-9: Lack of jurisdiction**

- Soldier is determined to not meet enlistment criteria, i.e. fraudulent, minority, or erroneous enlistment.
- If recruiter misconduct is suspected, appropriate recruiting officials will be informed.

### **5-10: Discharge of aliens not lawfully admitted to the U.S.**

- Soldier did not report of their true citizenship status at enlistment.
- INS will be contacted, who may take custody of the Soldier and pursue deportation.

### **5-11: Separation of personnel who did not meet procurement medical fitness standards**

- A disqualifying medical condition (including pregnancy and HIV infection) is discovered during the first six months of enlistment that would have prevented the entry into military service if it had been detected at time of enlistment.
- A physical standards board will take place prior to separation.
- If the condition is new or aggravated by military service, MEB may be needed (AR 635-40).

### **5-12: Discharge for failure after enlistment to qualify for flight training**

- Soldier who enlisted for warrant officer flight training but failed to qualify medically for flight training, can request for separation if the medical condition is permanently disqualifying from flight training.
- MEB may be applicable if retention standards are not met per AR635-40.

### **5-13: Separation because of personality disorder**

- Personality disorder diagnosis must be established either by a DOD-privileged psychiatrist or a doctoral-level psychologist.
- Soldier must have less than 24 months of active duty service.
  - If more than 24 months, see section 5-17a(9).
- The disorder is so severe that the Soldier's ability to function effectively in the military environment is significantly impaired despite formal counseling and reasonable opportunity for improved performance.
- Not appropriate when separation is warranted under chapters 4, 5, 7, 9, 10, 11, 13, 14, or 18, of this regulation; AR 380–67; or AR 635–40.

- MEB is required instead if PTSD, TBI, or other comorbid mental illness “are significant factors to a diagnosis of personality disorder”.
- If the Soldier has received imminent danger pay, the MTF Chief of Behavioral Health (or equivalent official) must corroborate the personality disorder diagnosis and the separation authority will be the General Court-Martial Convening Authority (GCMCA).
- If the Soldier has committed misconduct for which harsher penalties may be imposed under UCMJ, the commander should not pursue separation because of personality disorder in efforts to spare the Soldier of these penalties.

**5-14: Concealment of arrest record**

- Soldier does not meet criteria for fraudulent entry (Chapter 7), but evidence confirms that Soldier concealed an arrest record for any juvenile or adult offense.
- Evidence must be obtained to include Soldier’s Statement of Enlistment (DA Form 3286) and arrest record from the appropriate law enforcement authority.
- The following will be considered:
  - Presence for pattern of arrests that strongly suggest that Soldier was intentionally attempting to mislead recruiting officials.
  - Period of time between the arrest and enlistment.
  - Nature of circumstance surrounding the arrests.
  - Nature of the Soldier’s military service.

**5-15: Early release of Reserve Component personnel serving Active Guard Reserve tours under 10 USC 12301(d)**

- Activated Reserve or National Guard soldiers or recruiters may be release from active duty prior to completion of their activation if it is determined to be in the best interest of the Army (i.e. poor performance).

**5-16: Early separation to further education**

- Soldiers may be released from active duty up to 90 days prior to the completion of their enlistment in order to reduce undue personal hardship (i.e. delay of entry to education).
- Requirements include that Soldier has an enlistment contract of at least 3 years, has money to pay for tuition at a full-time, approved/recognized institution, and can provide proof of enrollment and class schedule.

**5-17: Other designated physical or mental conditions**

- Soldier with physical or mental conditions not amounting to disability per AR635-40 can be separated if the condition “potentially interferes with assignment to or performance of duty”.
- Psychiatric conditions require a mental status evaluation and report (DA Form 3822).
- Physical conditions require a medical examination and report.
- Diagnosis must be established either by a DOD-privileged psychiatrist, or doctoral-level psychologist or social worker.
- Separation may be involuntary, but Soldier must have been informed of deficiencies and “afforded ample opportunity to overcome those deficiencies as reflected in appropriate counseling or personnel records”.
- Conditions include “but are not limited to”:
  - Chronic airsickness
  - Chronic seasickness
  - Enuresis
  - Sleepwalking
  - Dyslexia
  - Severe nightmares
  - Claustrophobia
  - Transsexualism/gender transformation in accordance with AR40-501, para 3-35.
  - Other disorders:
    - Acute adjustment disorder (< 6 months of duration).
    - Personality disorder with >24 months of service\*
      - \*if PTSD/TBI are “contributing factors to the diagnosis of personality disorder”, PEB is required instead of administrative separation.
    - Severe symptoms\*
      - \*defined as disorders manifesting disturbances of perception, thinking, emotional control or behavior sufficiently severe that the Soldier’s ability to effectively perform military duties is significantly impaired.

**Chapter 6: Separation Because of Dependency or Hardship**

Soldiers may be administratively separated from the military due to unexpected life changes that may render continuing service difficult. Soldier must request in writing to be separated under this chapter, which cannot be pursued if the Soldier is pending involuntary administrative separation or has pending legal charges. Substantial evidence may be required to prove the accuracy of the reported adverse circumstances, including possibly American Red Cross representative evaluation and formal report. Two circumstances for separation exist under this chapter: dependency and hardship.

### Dependency

Administrative separation because of dependency is allowed when a family member becomes dependent of the Soldier due to death or disability. The Soldier is the principal source of care or support and the circumstances are permanent, every reasonable effort has not resolved the situation, and separation from the military is the only readily available means of resolving the dependency.

### Hardship (not related to death or disability)

Separation because of hardship is allowed if:

- Soldier is an unmarried single parent with a minor in the household.
- Married Soldier provides evidence that due to unexpected circumstances that were beyond his/her control and attempts to overcome the situation, he/she cannot fulfill military duties without neglecting the child.

Separation because of hardship is not appropriate due to:

- Pregnancy of an enlisted man's wife
- Separation from family due to assignment
- Reduced financial income
- Inconveniences normally incident to military service.

## **Chapter 7: Defective Enlistment and Re-enlistment**

Soldiers can be administratively separated if their enlistment contract is determined to have an error or be the product of fraud. Substantial evidence is required to pursue Chapter 7 separations and they typically involve a board review.

### Minority enlistment

Soldier is currently under 17 years of age and was 16 or younger at the time of enlisting.

### Erroneous enlistment

Soldier would have not been eligible for enlistment, but this was accidentally missed during entry processing.

### Defective enlistment

Soldier does not meet entry criteria for specific occupation for which he/she enlisted due to error or misrepresentation by recruiter.

### Unfulfilled enlistment

Soldier meets entry criteria for a specific military occupation which cannot be filled by the Army through no fault of the Soldier.

### Fraudulent enlistment

Soldier enlisted through deliberate misrepresentation, omission, or concealment of information which might have resulted in rejection of his enlistment, including:

- Concealment of prior military service
- Concealment of absence without leave or desertion from prior service
- Concealment of true citizenship status
- Concealment of conviction by civil court
- Concealment of record as juvenile offender
- Concealment of medical defect
- Misrepresentation of intent with regard to legal custody of children
- Concealment of other disqualification

## **Chapter 8: Separation of Enlisted Women – Pregnancy**

Upon proof of pregnancy, enlisted Soldiers may request to remain on active duty or request Chapter 8 separation if they do not have another chapter separation pending. If Chapter 8 separation is pursued, no further medical workup is needed and MEB is not required unless other reasons warrant this. The separation date needs to occur no later than 30 days prior to expected date of delivery. In case of miscarriage or abortion, the Soldier will have the option to be retained on Active Duty or continue with separation under this chapter.

- Separation is authorized under **Chapter 13** (Unsatisfactory Performance) if the Soldier who is pregnant and whose substandard duty performance is not caused solely by pregnancy (i.e. failure to report to duty without medical or military authorization or refusal of CONUS reassignment during the first 6 months of pregnancy).
- Involuntary separation is authorized under **Chapter 11** (Entry Level Performance and Conduct) when the commander and OBGYN determine that the pregnant Soldier with less than 180 days of service cannot fully participate in the required training due to pregnancy and the Soldier refuses to voluntarily separate under Chapter 8.
  - If the pregnancy occurred while on active duty, the Soldier is eligible for maternity care under AR40-3.

## **Chapter 9: Alcohol or Drug Abuse Rehabilitation Failure**

The Army will not retain Soldiers who are unable to maintain recovery from their substance use disorder - initiation of separation proceedings under Chapter 9 is “required” when the following three criteria are met:

1. Required rehabilitative efforts have been made (i.e. referral to substance abuse treatment).
2. Further rehabilitative efforts are not practical, rendering the Soldier a rehabilitation failure.
3. The Soldier’s potential for fully effective service is substantially reduced by alcohol/drug abuse.

Chapter 9 discharges are based upon “alcohol or other drug abuse such as illegal, wrongful, or improper use of any controlled substance, alcohol, or other drug”. If there is no prior referral to ASAP or substance treatment, Soldiers with a substance use disorder cannot be separated under Chapter 9 (but they could be separated under any other applicable administrative chapter). In general, Soldiers are given at least one chance of treatment for their substance use disorder prior to the Command being able to separate them under Chapter 9 for rehabilitation failure. A referral for evaluation to the Army Substance Abuse Program (ASAP – AR 600-85) is always required when a substance use disorder is suspected.

Chapter 9 discharge is appropriate when the Soldier is actively enrolled in substance treatment and there is evidence of relapse, or inability or refusal to participate, cooperate, or successfully complete the program; and after having consulted the substance rehabilitation team, the Command determines that there is a lack of potential for continued Army service and further rehabilitation efforts are not practical.

- Soldiers with a history of substance treatment who relapse can be separated under Chapter 9. The Command can refer the Soldier back to ASAP and initiate Chapter 9 separation after consulting with the treatment team. (Note: the Command does not have to comply with the treatment team’s recommendations (i.e. Command can refuse to “give another chance”).)
- Soldiers who are transferred to a medical facility due to need for long-term rehabilitation (i.e. civilian 28 day program) can be considered a treatment failure and their separation can be pursued while they are in treatment.
- Soldiers with at least 6 years of time in service may request for administrative separation board during Chapter 9 proceedings.
- In the presence of offenses involving substance abuse, separation for misconduct (Chapter 14) or other applicable Chapter will be considered first; however, if these proceedings do not result in administrative separation, the Soldier will then be considered for separation for substance rehabilitation failure.
- “When the commander determines that a Soldier who has never been enrolled in substance treatment lacks the potential for further useful service, the Soldier will be screened per AR 600–85 (The Army Substance Abuse Program). If found non-dependent, the Soldier will not be rehabilitated but will be considered for separation under other appropriate provisions of this regulation.”
  - Example: A poorly performing Soldier without a history of substance treatment is caught abusing substances. ASAP referral is made and the determination is made that the diagnosis is substance “abuse” – not “dependence”. The Command can then choose to not refer the Soldier to substance rehabilitation and instead administratively separate this Soldier under a different chapter (i.e. pattern of misconduct etc.). This allows the Command to not be “forced” into providing substance treatment for Soldiers who are going to be administratively separated anyway under a chapter different than Chapter 9.)

## **Chapter 10: Discharge in Lieu of Trial by Court-Martial**

A Soldier who has committed an offense or offenses, the punishment for which under the UCMJ and the Manual for Courts-Martial, 2002 (MCM 2002), includes a bad conduct or dishonorable discharge, may submit a request for discharge in lieu of trial by court-martial.

- Chapter 10 discharge is potentially appropriate for “medium” severity offenses (i.e. AWOL for more than 30 days). It should not be pursued for non-serious offenses (even if they allow for bad conduct/dishonorable discharges); it also should not be pursued for very serious offenses for which UCMJ punishment is more appropriate.
- Before separation under Chapter 10 can happen, the case must be referred to a court-martial – the separation will occur after charges have been made (“preferred”) against the Soldier but before the court-martial takes final action.
- The commander exercising court-martial jurisdiction will decide if the Chapter 10 separation will be allowed in lieu of the trial by court-martial.
- Commanders cannot coerce a Soldier to request for Chapter 10 separation.
- Soldier must be given at least 72h to contact JAG for assistance.

## **Chapter 11: Entry Level Performance and Conduct**

This chapter sets policy and provides guidance for the separation of Soldiers because of unsatisfactory performance and/or conduct during the first 180 days of military service. (However, Soldiers who have completed their training and have reported to the first duty assignment cannot be separated under Chapter 11 even if they have less than 180 days of time in service).

- Separation of a Soldier in entry level status may be warranted on the grounds of unsatisfactory performance and/or unsatisfactory conduct as evidenced by any of the below in spite of written counseling efforts and reasonable chance for rehabilitation :
  - Inability or lack of reasonable effort: i.e. they cannot meet the minimum standards prescribed for successful completion of training because of lack of aptitude, ability, motivation, or self-discipline.
  - Failure to adapt socially or emotionally to the military environment.
  - Have demonstrated character and behavior characteristics not compatible with satisfactory continued service.
  - Minor disciplinary infractions.
- Involuntary separation is also appropriate when commander and OBGYN determine that the Soldier cannot fully participate in the required training due to pregnancy AND the Soldier refuses to voluntarily separate under Chapter 8.
  - If the pregnancy occurred while on active duty, the Soldier is eligible for maternity care under AR40-3.

## **Chapter 12: Retirement for Length of Service**

This chapter sets policies and procedures for voluntary retirement of Soldiers because of length of service (limited <30 years of total service) and governs the retirement of Soldiers (Active Army, ARNGUS, and USAR) who are retiring in their enlisted status. (AR600–8–24, chapter 6, governs the retirement of eligible RA Soldiers in commissioned or warrant officer grades).

- Human Resources Command may approve, disapprove, or delay the requested retirement date if the Soldier is grade E-6 (promotable) or above.
- 10% extra retirement pay is added if retired for physical disability or has been awarded Distinguished Service Cross or Medal of Honor.

## **Chapter 13: Separation for Unsatisfactory Performance**

A Soldier may be separated per this chapter when it is determined that he/she is unqualified for further military service because of unsatisfactory performance and the Soldier is no longer in entry-level status (180 days in service and still in basic training or MOS training).

- Separation under Chapter 13 is appropriate when it is “clear” that all of the below apply despite of counseling and reasonable opportunity to improve performance:
  - (1) In the commander’s judgment, the Soldier will not develop sufficiently to participate satisfactorily in further training and/or become a satisfactory Soldier.
  - (2) The seriousness of the circumstances is such that the Soldier’s retention will have an adverse impact on military discipline, good order, and morale.
  - (3) The Soldier will likely be a disruptive influence in duty assignments.
  - (4) The circumstances forming the basis for initiation of separation proceedings will likely continue or recur.
  - (5) The Soldier’s ability to perform duties effectively is unlikely.
  - (6) The Soldier’s potential for advancement or leadership is unlikely.

### **Army Physical Fitness Test (APFT) failures**

Initiation of separation proceedings is required for Soldiers without medical limitations who have two consecutive failures of the Army physical fitness test per AR 350–1 or who are eliminated for cause from Noncommissioned Officer Education System courses, unless the responsible commander chooses to impose a bar to re-enlistment per AR601–280 AD Soldiers) or AR140-111 (USAR/Activated Guard Reserve (AGR) Soldiers)

Separation is also authorized for Soldiers who are pregnant and whose substandard duty performance is not caused solely by pregnancy. (Substandard duty might include failure to report to duty without medical or military authorization or refusal of CONUS reassignment during the first 6 months of pregnancy).

## **Chapter 14: Separation for Misconduct**

This chapter establishes policy and prescribes procedures for separating Soldiers for misconduct

### **General Guidelines**

- Direct transfer of the Soldier to another military unit can be considered by the intermediate commander.
- The separation authority is authorized to suspend execution of an approved administrative discharge to afford a highly deserving Soldier a probationary period not to exceed 12 months to demonstrate successful rehabilitation.
- Reduction in grade will happen if discharged under Other Than Honorable Conditions (or lower).

- Separation can take place even when the Soldier is not present (i.e. AWOL, imprisoned)
- Separation under Chapter 14 can be pursued if UCMJ action for the misconduct did not result in a discharge.

### Misconduct Categories

#### **Minor disciplinary infractions**

- a pattern of misconduct consisting solely of “minor military disciplinary infractions”.
- Despite attempts to rehabilitate or develop him/her as a satisfactory Soldier, further effort is unlikely to succeed.
- Rehabilitation is impracticable or the Soldier is not amenable to rehabilitation (as indicated by the medical or personal history record).

#### **A pattern of misconduct:**

- Despite attempts to rehabilitate or develop him/her as a satisfactory Soldier, further effort is unlikely to succeed.
- Rehabilitation is impracticable or the Soldier is not amenable to rehabilitation (as indicated by the medical or personal history record).
- Separation is appropriate for either:
  1. Discreditable involvement with military or civil authorities.
  2. Discreditable conduct and conduct prejudicial to good order and discipline, including conduct violating the accepted standards of personal conduct found in the UCMJ, Army regulations, the civil law, and time-honored customs and traditions of the Army.

#### **Commission of a serious offense:**

Separation is appropriate in case of:

- Conviction and imprisonment by civil authorities.
- Desertion / Absence without leave (AWOL): An absentee returned to military control can be separated.
- Soldiers with a sexually violent offense conviction at court-martial that did not result in separation from the military must be processed for separation under this chapter.

#### **“Misconduct – abuse of illegal drugs”**

- Separation for the serious offense of abuse of illegal drugs is required if Chapter 9 (separation for substance treatment failure) is not pursued or related UCMJ involvement did not result in separation.
  - A minor single illegal drug incident in combination with other minor infractions can allow for separation under “minor disciplinary infractions” or “a pattern of misconduct”.
  - Separation should not be pursued under this chapter if the Soldier self-referred voluntarily to treatment in accordance with AR600-85, paragraph 3-2.

## **Chapter 16: Selected Changes in Service Obligations**

This administrative separation is reserved for Soldiers in the following circumstances:

- Soldier has been approved for transfer for direct promotion or training to become an officer or warrant officer.
- Reserve Soldiers who decide to enlist or re-enlist into the regular Army.
- Soldier is selected for separation due to Army policy at times of reduction in force of budget constraints.
- Soldier with less than 6 months of time remaining can request for early separation if has been removed from his MOS due to medical problems not requiring MEB or due to loss of security clearance or other administrative reason that is not the Soldier’s fault.
- Warrior Transition Unit Soldier can request for early honorable separation if he has completed medical treatment (no MEB pending) and has less than 3 months of enlistment remaining.
- Reserve Soldiers who have been barred from re-enlistment can request for voluntary separation.
- Reserve Soldiers who decline to continue service (see official AR600-35, Chapter 16, paragraph 16-4b).

## **Chapter 17: Instruction In Benefits of an Honorable Discharge**

This chapter provides brief instructions that Soldiers should be educated twice during the first year of service on the lasting impact of Other Than Honorable (or worse) characterizations of their military service. The goal is to prevent misconduct and correct the following misperception: “Many Soldiers gain the false impression that an unfavorable discharge can be easily recharacterized by petitioning the Army discharge review board. This is not the case, since only a small percentage of such actions have been acted upon favorably”.

## **Chapter 18: Failure to Meet Weight Control Standards**

Soldiers who fail to meet the body fat standards set forth in AR 600–9 are subject to involuntary separation per this chapter when such condition is the sole basis for separation (i.e. the Soldier does not meet criteria for another chapter separation).

- Soldiers must receive written counseling and be given reasonable opportunity to meet the body fat standards at the Army Weight Control Program (AWCP).
- Separation is to be “considered” when the Soldier is not making sufficient progress in the AWCP.
- Separation is “required” when a Soldier again fails to meet body fat standards during the 12 months after completing AWCP.
- Upon the diagnosis of pregnancy, the Soldier is exempt from regular unit physical fitness training and APFT testing/weight standards for the duration of the pregnancy and 180 days past pregnancy termination (AR 40-501).
- Soldiers cannot be separated under this chapter if health care personnel have determined that the Soldier cannot attend the AWCP due to an underlying medical condition. However, according to AR 40-501, profiles will not be used to excuse Soldiers from the provisions of AR 600–9 (Army Weight Control Program). The AR 600–9 contains a standard memorandum for completion by a physician if there is an underlying or associated disease process that is the cause of the overweight condition. The inability to perform all APFT events or the use of certain medications is not generally considered sufficient medical rationale to exempt a Soldier from AR 600–9.

## **Chapter 19: Qualitative Management Program**

This Chapter provides guidance on the honorable retirement, voluntary, and involuntary separation of Army Reserve or Activated Guard Reserve Non-commissioned officers (NCOs) who have failed to perform at expected level, failed advancement training, or who have disciplinary problems.



