

Physical Evaluation Board Checklist

	<u>Date Submitted</u>
___ NAVMED 6100/1 Coversheet	_____
___ Senior Member Signature	
___ Junior Member Signature	
___ Alternate Member Signature	
___ Dictation	_____
___ NAVMED 6100/2 Statement of Patient	_____
___ Addendum	_____
___ NAVMED 6100/2 Statement of Patient	_____
___ Non-Medical Assessment	_____
___ D-Taps	_____
___ Separation Physical	_____
___ Dental Signature	
___ Physician Signature	
___ Administrative Review Signature	
___ NAVMED 6100/5 Abbreviated Medical Board Report Form	_____
___ Information Packet	_____
___ Single-Sided Copy of Medical Record	_____