BUMED INSTRUCTION 1900.2

From: Chief, Bureau of Medicine and Surgery

Subj: ADMINISTRATIVE SEPARATIONS FOR CONDITIONS NOT AMOUNTING TO A DISABILITY

Ref: (a) ASN (M&RA) Memo of 11 Sep 18 (NOTAL)  
(b) SECNAV M-1850.1  
(c) NAVMED P-117  
(d) 38 CFR 4  
(e) DoD Instruction 1332.18 of 5 August 2014  
(f) DoD Instruction 6490.04 of 4 March 2013  
(g) DoD Instruction 1332.14 of 27 January 2014  
(h) DoD Instruction 1332.30 of 11 May 2018  
(i) MCO 1900.16  
(j) NAVPERS 15560D  
(k) SECMNAV 1920.6D  
(l) DoD Instruction 6490.07 of 5 February 2010  
(m) BUMEDINST 6000.19  
(n) BUMEDINST 6320.85A

Encl: (1) Required Information from Command  
(2) United States Navy Service Member Recommendation for Administrative Separation for Condition Not Amounting to a Disability  
(3) United States Marine Corps Service Member Recommendation for Administrative Separation for a Condition Not Amounting to a Disability

1. Purpose. To provide policy and guidance for recommendation for administrative separation (ADSEP) for conditions not amounting to a disability (CnD).

2. Scope and Applicability. This instruction applies to all budget submitting office 18 commands, units, personnel, and operational activities having medical personnel under the authority, direction, and control of Chief, Bureau of Medicine and Surgery (BUMED).

3. Policy. This instruction enforces requirements to process all recommendations for ADSEP CnD through a Medical Evaluation Board (MEB), and the mandatory use of the CnD application in the Limited Duty (LIMDU) Sailor and Marine Readiness Tracker (SMART) system.

   a. Per references (a) through (n), the MEB may return a Service member to full duty, either as fully deployable or deployable with limitations, assign LIMDU, recommend ADSEP CnD, or refer to the Disability Evaluation System (DES). Criteria for additional medical flag officer endorsement is outlined in reference (a).
b. Per references (a) and (b), recommendations for ADSEP CnD by Navy healthcare providers (including operational medical providers) must be endorsed by a BUMED appointed MEB convening authority (CA) prior to submission to the Service member’s command.

(1) ADSEP CnD recommendations for Service members receiving care at sites where Navy healthcare providers (including CAs) are unavailable will be processed by the Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) with geographic medical cognizance over the site where the Service member is receiving care.

(2) ADSEP CnD recommendations must be documented using the CnD application in LIMDU SMART as the default mode of entry.

(3) By exception and as part of continuity of operations, ADSEP CnD recommendations can be completed offline and submitted using portable document format ADSEP CnD templates found in the reference section of LIMDU SMART. Examples of exceptions include: system outage, disruption in network connectivity, or disruption in services as part of a continuity of operations plan. When connectivity resumes, the ASDEP CnD recommendation and supporting documentation must be entered or uploaded into the CnD application in LIMDU SMART.

(4) Criteria for medical flag officer endorsements are outlined in reference (a). A flag officer review is required if the Service member meets one or more of the criteria listed in subparagraphs 3b(4)(a) through 3b(4)(d) of this instruction. If required, the CnD application in LIMDU SMART incorporates this criterion and automates notification to a flag officer.

(a) Personality Disorder as the basis for ADSEP CnD recommendation.

(b) Served greater than 4 years of service.

(c) Deployment to an imminent danger pay area within the last 24 months; or

(d) Completed or flagged to complete a post-deployment health assessment.

c. Per reference (c), the commanding officer or commander (CO) of the NAVMEDREADTRNCMD is the CA. COs are authorized to delegate CA signature authority to licensed physicians and Medical Evaluation Board Approving Authority (MEBAA) Physicians with experience at level of a director or chief of clinical services, as well as psychiatrists and licensed doctoral clinical psychologists for behavioral health conditions.

d. Compensable disabilities are listed in reference (d) accessible at https://www.benefits.va.gov/WARMS/bookc.asp. Service members with multiple conditions interfering with performance of duty must be referred to the DES if any of the conditions are potentially ratable.
e. Per references (b) and (e), a Service member with a potentially disabling condition may not be denied referral into the DES based solely on pre-existing nature of a condition, with exceptions. Service members that entered military service on a medical waiver for condition(s) may be separated without DES referral provided it is determined within the first 6 months of service that condition(s) is not permanently aggravated by military service and represents a risk to the Service member or prejudices the best interests of the Government.

f. Service members with potentially disabling conditions that extend beyond 6 months and are potentially aggravated by military service are subject to regular DES referral eligibility criteria.

g. Per reference (d), Service members with conditions that interfere with the performance of duty, but are not specifically listed as compensable may be eligible for involuntary administrative separation.

4. Additional ADSEP CnD Guidance

a. Per references (a) and (f), separation on the basis of a mental health condition not constituting a physical disability, including personality disorders and other mental health conditions, is only authorized if:

   (1) Diagnosis is confirmed by an authorized mental health provider (MHP). A MHP is defined as a psychiatrist, doctoral-level clinical psychologist, doctoral clinical social worker, or psychiatric nurse practitioner. Mental health evaluations can be performed in outpatient settings by a licensed clinical social worker with a master’s degree in clinical social work. MEBs must include the signature of at least one psychiatrist or doctoral-level clinical psychologist.

   (2) Diagnosis meets, and is based on the applicable criteria outlined in the most current Diagnostic and Statistical Manual of Mental Disorders, as published by The American Psychological Association.

   (3) MHP concludes the disorder does not constitute a disability, and is so severe that the Service member’s ability to function effectively in the military environment is significantly impaired.

b. A civilian network MHP may make the confirmatory diagnosis for mental health conditions.

   (1) The primary care provider or general medical officer in turn can use the confirmatory diagnosis to initiate the ADSEP CnD case, and other member of the MEB (doctoral-level clinical psychologist or psychiatrist) is only required to provide review and signature when adjudicating on the same ADSEP CnD case.
(2) Embedded MHPs may also serve as the initiating provider for Service members in their unit. If an embedded MHP transfers care to another provider, the diagnostic assessments and therapeutic interventions taken by the embedded provider must be incorporated into the clinical narrative summary (NARSUM) in the current electronic health system of record.

c. Some non-disabling medical conditions may preclude the Service member from overcoming the deficiency. Providers must advise COs if the condition warrants an opportunity to overcome the medical condition and the resulting negative impact on performance.

d. Service members’ refusal to be screened, or inability to participate in, or pass, a physical readiness test are not appropriate reasons for ADSEP CnD recommendation.

e. ADSEP CnD is not appropriate, nor should it be pursued when separation is warranted on the basis of unsatisfactory performance or misconduct.

f. Most NARSUMs or MEB Reports (MEBR) fall under the military command exception provision. The 45 CFR 164.512, available at https://www.ecfr.gov/cgi-bin/text-idx?SID=1f531e7bcf8ea7a8623e17f102348979&mc=true&node=se45.2.164_1512&rgn=div8, defines the minimum necessary rule and permit the use and disclosure of protected health information for authorized activities to a commander, to include but not limited to: determining the Service member’s fitness for duty, disability determination, fitness to perform a particular assignment, or ability to carry out any other activity essential for military mission. There are certain circumstances in which the military command exception provision does NOT apply and where the minimum necessary rule applies. One such circumstance is for restricted report of military sexual assault cases.

(1) Disclosure will be limited to officials participating in the processing and adjudication of MEBRs and DES cases and must not cause a restricted report to become unrestricted. For these circumstances, the information sent to COs should be limited to the diagnosis.

(2) The treating provider must limit documenting detailed information on conditions related to trauma, sexual assault, and other sensitive information in MEBRs, Navy Medicine forms, NARSUMs, and official documentation.

(3) Additionally, treating or referring providers must use the electronic health record to document and create an encounter with relevant, comprehensive details on conditions related to trauma, sexual assault, and protected health information considered clinically sensitive, and document the date of this encounter in MEBRs, official forms (i.e., Navy Medicine forms), NARSUMs, or LIMDU SMART.

g. While MEB providers are responsible for diagnosis and treatment of gender dysphoria, not every diagnosis of gender dysphoria necessarily results in mandatory ADSEP. ADSEP
decisions reside with Service Headquarter elements (Manpower Management Separations and Retirement Branch or Navy Personnel Command). For Service members with a diagnosis or history of gender dysphoria who identify as transgender or who have taken steps to externalize the condition, the decision to separate must follow current guidance in Assistant Secretary of the Navy, Manpower and Reserve Affairs Memo of 28 Jan 21, DoD Instruction 6130.03, Volume 1, Medical Standards For Military Service: Appointment, Enlistment, or Induction of May 2018, and DoD Instruction 6130.03, Volume 2, Medical Standards For Military Service: Retention of September 2020.

5. **Background.** The intent of references (a) through (n) is to allow for the timely separation of Service members who have been identified to have a condition not compatible with military service. However, this condition does not constitute a compensable disability.

6. **Roles and responsibilities**

   a. **Assistant Deputy Chief, Medical Operations (BUMED-M3B) must:**

      (1) Review requests from Commanders, Naval Medical Forces Atlantic (NAVMEDFORLANT) and Naval Medical Forces Pacific (NAVMEDFORPAC) to authorize and delegate responsibilities of virtual or onsite MEBAA Physician, or CA to fulfill MEB functions across NAVMEDFORLANT and NAVMEDFORPAC regional commands.

      (2) Review requests from Commanders, NAVMEDFORLANT and NAVMEDFORPAC to authorize and delegate responsibilities of virtual or onsite MEBAA Physician or CA, at other Service medical treatment facilities (MTF).

      (3) Coordinate with other Services and Defense Health Agency directors to select and authorize Navy healthcare physicians to serve as CAs adjudicating mental health conditions within those facilities, or virtually.

   b. **Director, Force Medical Readiness (BUMED-M34) must:**

      (1) Monitor program compliance with this instruction.

      (2) Ensure functionality and performance of the LIMDU SMART system.

   c. **Commanders, NAVMEDFORLANT and NAVMEDFORPAC must:**

      (1) Provide recommendation or endorsement of ADSEP CnD within 5 business days of receipt within the CnD application of LIMDU SMART.
(2) Sign as the flag officer endorsement authority for all Service members of the U.S. Navy, except for Service members of the U.S. Navy assigned to U.S. Marine Corps (USMC) units. This authority includes those Service members assigned to non-naval MTFs within the regional geographic area of responsibility.

(3) Coordinate medical responsibility for Sailors and Marines assigned to sites where a Navy Medicine CA is unavailable. At these sites, MEB, DES, and LIMDU cases will be processed by the NAVMEDREADTRNCMD with geographic medical cognizance over the site base. In addition to the needs of the Department of the Navy, factors that may be considered to determine assignment of medical cognizance include: Service member’s TRICARE enrollment status, Service member’s home of record or family support location(s), MTF medical capabilities, and whether the Service member is being permanently transferred to the overall geographic areas.

(4) Delegate medical signature authority, where appropriate, to credentialed physicians (or licensed doctoral clinical psychologists for behavioral health conditions) with experience at level of director or chief of clinical services.

   (a) Recruit Training Command and Marine Corps Recruit Depots COs may delegate CA signature authority at recruit training commands to senior staff, O4 and above, that are residency trained physicians or licensed clinical psychologists.

   (b) Due to the nature and complexity of mental health issues, delegated CAs at the recruit training commands should not sign for mental health cases unless they are a licensed doctoral clinical psychologist or psychiatrist.

d. The Medical Officer of the Marine Corps must:

   (1) Serve as the flag officer endorsement authority for all Service members of the USMC, and Service members of the U.S. Navy assigned to USMC units per reference (a).

   (2) Provide recommendation or endorsement of ADSEP CnD recommendations within 5 business days of receipt within the CnD application of LIMDU SMART.

e. MEBAA Physician must:

   (1) Ensure that the MEB reviewed conditions being considered for ADSEP CnD are not compensable. If a compensable condition rises to the level of a disability, the Service member’s case should be placed on LIMDU or referred to the DES.

   (2) Ensure when a MEB is convened for ADSEP CnD recommendations, that at least two of the three providers required are physicians. A licensed doctoral clinical psychologist may substitute for a physician in cases with mental health conditions.
(3) Ensure Service members who qualify for processing through DES are not recommended for ADSEP CnD.

(4) Ensure review of systems (i.e., Armed Forces Health Longitudinal Technology Application (AHLTA), Health Artifact and Image Management Solution (HAIMS), Military Health System (MHS) GENESIS, or current electronic health record) for conditions related to ADSEP CnD recommendations are made within 5 business days of the first MEB provider signature within the CnD application in LIMDU SMART.

(5) Document review completion of the Service member’s Service Treatment Record in AHLTA or current electronic health record.

f. Healthcare Providers must:

(1) Complete a record review to ensure all potentially disabling conditions are considered when making a final disposition. Per reference (d), when ratable conditions are identified, DES processing must be considered in lieu of ADSEP CnD.

(2) Request the necessary demographic and service information from the Service member’s command using the template provided in enclosure (1) prior to entering the case into the CnD application of LIMDU SMART.

(3) Notify the Service member’s CO of the MEB review and determination using the appropriate ADSEP CnD recommendation letter template in enclosures (2) and (3).

(a) Complete and print the medical recommendation from the CnD application of LIMDU SMART. The printed document is the official documentation, must capture MEB provider signatures, and may be printed on command letterhead.

(b) Treating or initiating provider must submit the ADSEP CnD recommendation letter and supporting documentation (minimum necessary standard information, per DoD Instruction 6025.18 of 13 March 2019), to the Service member’s CO within 5 business days of case final approval within the CnD application in LIMDU SMART.

1. Utilize electronic health record (AHLTA, HAIMS, MHS GENESIS, or current system of record) for documenting detailed medical or sensitive information outside the minimum necessary standard requirements.

2. Per reference (f), ensure supporting documentation contains the minimum amount of information necessary to support the diagnosis. This will consist of the diagnosis, treatment, impact on duty or mission, recommended duty restrictions, prognosis, and ways the commander can support or assist the Service member’s treatment.
g. **Head, Patient Administration or Office that Manages MEB Activities must:**

(1) Ensure the NAVMEDREADTRNCMD user roles within the CnD application of LIMDU SMART are assigned and maintained for accuracy.

(2) Ensure all cases are screened to determine if flag-level review is required. Any cases requiring flag officer review are routed to the appropriate flag office using parameters in reference (a).

(3) Ensure CnD application user training is facilitated. Provide feedback to BUMED-M34 on LIMDU SMART system performance or recommendations for improvement.

(4) Ensure the completed and signed ADSEP CnD recommendation letters are scanned into the HAIMS.

(5) Ensure no more than 5 working days elapse before the Service member’s chain of command is notified of the final medical recommendation for ADSEP CnD.

7. **Records Management**

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at [https://portal.secnav.navy.mil/orgs/DUSNM/ DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/ Forms/AllItems.aspx](https://portal.secnav.navy.mil/orgs/DUSNM/ DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/ Forms/AllItems.aspx).

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

8. **Review and Effective Date.** Per OPNAVINST 5215.17A, BUMED-M3B will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.
9. **Information Management Control.** The reports required in subparagraph 6f of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

Releaseability and distribution:
This instruction is cleared for public release and is available electronically only via Navy Medicine Web site, [https://www.med.navy.mil/Directives](https://www.med.navy.mil/Directives)
REQUIRED INFORMATION FROM COMMAND
(Do not print on command letterhead)

[Date]

From: [Rank, Last, First name of provider initiating medical review for conditions not amounting to a disability]
To: [Service member’s Command]

Subj: MEDICAL REVIEW FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], [USN or USMC], [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

1. The specified information is required to initiate a review for the Service member for administrative separation for a condition not amounting to a disability:
   a. Unit Identification Code or Reporting Unit Code.
   b. Rate or military occupational specialty.
   c. Rank or grade.
   d. Active duty service date.
   e. Expiration of active obligated service.
   f. Has the Service member received imminent danger pay in the last 2 years?

2. This information should be returned to [Rank, Last, First name of provider initiating medical review for conditions not amounting to a disability] via secure e-mail or facsimile. Contact information: [phone, facsimile, and e-mail].

[Signature Block]
Provider Signature
Specialty

Enclosure (1)
UNITED STATES NAVY SERVICE MEMBER
RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY
(Command letterhead optional)

[Date]

From: [Medical Evaluation Board #1 – Rank, Last, First name of initiating provider]
To: Commanding Officer, [Service member’s command]

Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USN, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

Ref: (a) NAVPERS 15560D
      (b) NAVMED P-117
      (c) DoD Instruction 1332.30 of May 11, 2018
      (d) SECNAVINST 1920.6D
      (e) 38 CFR 4

1. Per reference (a), Military Personnel Manual (MILPERSMAN), reference (b), Manual of the Medical Department (MANMED) and references (c) and (d), the Service member is recommended for administrative separation for a condition not amounting to a disability (ADSEP CnD). The Service member was evaluated by [diagnosing provider,] on [diagnosis date, dd/mm/yyyy].

2. Findings: This Service member is recommended for ADSEP CnD per references (a) through (e) and based on ICD-10 CM diagnosis code(s) [list applicable ICD-10 CM codes here].
   a. Brief clinical history: [Brief clinical history and criteria met for diagnosis].
   b. Impairment: [Explain how the condition interferes with the performance of duty].
   c. Review by Second Professional. The aforementioned diagnosis and recommendations were reviewed and agreed upon per references (c). [If the second professional is not also one of the signing Medical Evaluation Board members, then include documentation showing review and concurrence via co-signature on this letter or signature on a separate letter].

3. The Service member has a condition that renders him or her unsuitable for military service but does not amount to a physical or mental disability. The Service member’s condition is so severe that the Service member’s ability to function effectively in the military environment is significantly impaired.

Enclosure (2)
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USN, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

a. Per references (a) through (e), and in review of the Service member’s clinical history in the course of the evaluation, there is no basis for referral to the Disability Evaluation System (DES) on the basis of this condition or any other co-morbid condition.

b. The Service member [does or does not] have a diagnosis of traumatic brain injury. [If potentially disabling, stop and refer to the DES].

c. The Service member [does or does not] have a diagnosis of post-traumatic stress disorder. [If potentially disabling or service connected, stop and refer to the DES].

4. The aforementioned diagnosis and treatment recommendations were discussed with, and understood by, the Service member.

5. Is a period of remediation medically advised? [Yes or No]

Per reference (a), MILPERSMAN 1900-120, subparagraph 1(g)(1) a period for remediation after counseling is medically advised. Due to one or more of the following examples (elevated ongoing risk of harm to self or others, failure to improve despite appropriate medical treatment, limited medical treatment to date), I recommend affording the Service member a reasonable time to overcome his or her deficiency prior to the initiation of administrative separation processing.

OR

Per reference (a), MILPERSMAN 1900-120, subparagraph 1(g)(1), a period for remediation after counseling is NOT medically advised. Due to one or more of the following examples (elevated ongoing risk of harm to self or others, failure to improve despite appropriate medical treatment, member’s refusal to participate in medical treatment), it is my medical opinion the Service member will be unable to overcome his or her deficiency in a reasonable time period and that expeditious processing will best mitigate the ongoing risk to the Service member and mission posed by the Service member’s condition.
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USN, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

6. The Service member is mentally responsible for their behavior and possesses sufficient capacity to understand and cooperate in any applicable administrative proceedings. The Service member is fit to participate in ADSEP processing per MILPERSMAN 1900-120 in reference (a) regardless of any duty limitations prescribed in connection with the member’s aforementioned condition.

7. Service member should be expeditiously processed for separation when diagnosed with conditions that are chronic in nature and represent a serious ongoing threat to self or others if retained on active duty. ADSEP CnD is not appropriate, nor should it be pursued, when separation is warranted on the basis of unsatisfactory performance or misconduct.

8. Risk. If there is a need to address access to weapons, classified material, or other concerns, such matters should be pursued through separate correspondence and in coordination with the Office of the Staff Judge Advocate.

9. The Service member’s case is subject to review by the Naval Medical Forces Atlantic or Naval Medical Forces Pacific Flag Officer if response to anyone of the questions is “yes”:
   a. Has this Service member been deployed for greater than 30 days in a non-training capacity? [Yes or No]
   b. Does this Service member have more than 4 years of service? [Yes or No]
   c. Has this Service member been deployed to an imminent danger pay area? [Yes or No]
   d. Is Personality Disorder the reason for this Conditions not amounting to a Disability Administrative separation recommendation? [Yes or No]

10. Point of contact for this evaluation is [Medical Evaluation Board #1 name], who can be reached at [Medical Evaluation Board #1 phone] or [Medical Evaluation Board #1 e-mail].
Subj:  RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USN, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

11. This recommendation has been reviewed and endorsed by the Medical Evaluation Board members (and Flag Officer if indicated).

[Signature Block]
Medical Evaluation Board Member #1/Initiating Provider

[Signature Block]
Medical Evaluation Board Member #2/Medical Evaluation Board Approving Authority Physician

[Signature Block]
Medical Evaluation Board Member #3/Convening Authority

[Signature Block]
Flag Officer
Specialty
From: [Medical Evaluation Board #1 – Rank, Last, First name of initiating provider]
To: Commanding Officer, [Service member’s command]

Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USMC, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

Ref: (a) NAVPERS 15560D
(b) NAVMED P-117
(c) MCO 1900.16 of November 26, 2013
(d) DoD Instruction 1332.30 of 12 April 2019
(e) SECNAVINST 1920.6D
(f) 38 CFR 4

1. Per reference (a), Military Personnel Manual (MILPERSMAN), article 1900-120, reference (b), Manual of the Medical Department (MANMED), chapter 18, and references (c) and (d), the Service member is recommended for administrative separation for a condition not amounting to a disability (ADSEP CnD). The Service member was evaluated by [diagnosing provider,] on [diagnosis date, dd/mm/yyyy].

2. Findings: This Service member is recommended for ADSEP CnD per references (a) through (d) and based on the diagnosis of [diagnosis].
   a. Brief clinical history. [Brief clinical history and criteria met for diagnosis].
   b. Impairment. [Explain how the condition interferes with the performance of duty].
   c. Review by Second Professional. The aforementioned diagnosis and recommendations were reviewed and agreed upon per reference (d). [If the second professional is not also one of the signing Medical Evaluation Board members, then include documentation showing review and concurrence via co-signature on this letter or signature on a separate letter].

Enclosure (3)
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USMC, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

3. The Service member has a medical condition incompatible with military service, but does not amount to a physical disability.

   a. Per references (a) through (f), and in review of the Service member’s clinical history in the course of the evaluation, there is no basis for referral to the Disability Evaluation System (DES) on the basis of this condition or any other co-morbid condition.

   b. The Service member [does or does not] have a diagnosis of traumatic brain injury. [If potentially disabling, stop and refer to the DES]

   c. The Service member [does or does not] have a diagnosis of post-traumatic stress disorder. [If potentially disabling or service connected, stop and refer to the DES].

4. The aforementioned diagnosis and treatment recommendations were discussed with, and understood by, the Service member.

5. Per MILPERSMAN 1900-120, subparagraph 1(g)(1), a period for remediation after counseling is medically advised. Due to [elevated ongoing risk of harm to self or others, failure to improve despite appropriate medical treatment, limited medical treatment to date], I recommend affording the Service member a reasonable time to overcome his or her deficiency prior to the initiation of administrative separation processing.

   OR

Per MILPERSMAN 1900-120, subparagraph 1(g)(1), a period for remediation after counseling is NOT medically advised. Due to [elevated ongoing risk of harm to self or others, failure to improve despite appropriate medical treatment, member’s refusal to participate in medical treatment], it is my medical opinion the Service member will be unable to overcome his or her deficiency in a reasonable time period and that expeditious processing will best mitigate the ongoing risk to the Service member and mission posed by the Service member’s condition.

6. The Service member is mentally responsible for their behavior and possesses sufficient capacity to understand and cooperate in any applicable administrative proceedings. The Service member is fit to participate in ADSEP processing per MILPERSMAN 1900-120, in reference (a) regardless of any duty limitations prescribed in connection with the member’s aforesaid condition.
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USMC, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

7. Service members should be expeditiously processed for separation when diagnosed with conditions that are chronic in nature and represent a serious ongoing threat to self or others if retained on active duty. ADSEP CnD is not appropriate, nor should it be pursued, when separation is warranted on the basis of unsatisfactory performance or misconduct.

8. Risk. If there is a need to address access to weapons, classified material, or other concerns, such matters should be pursued through separate correspondence and in coordination with the Office of the Staff Judge Advocate.

9. The Service member [was or was not] reviewed by the Medical Officer of the Marine Corps for the reasons listed in subparagraphs 9a through 9d of this enclosure:
   
   a. Has this Service member been deployed for greater than 30 days in a non-training capacity? (Yes or No)
   
   b. Does this Service member have more than 4 years of service? (Yes or No)
   
   c. Has this Service member been deployed to an imminent danger pay area? (Yes or No)
   
   d. Is Personality Disorder the reason for this Conditions not amounting to a Disability Administrative separation recommendation? (Yes or No)
Subj: RECOMMENDATION FOR ADMINISTRATIVE SEPARATION FOR A CONDITION NOT AMOUNTING TO A DISABILITY IN CASE OF [RANK or RATE FIRST M. LAST], USMC, [INSERT DEPARTMENT OF DEFENSE IDENTIFICATION NUMBER (i.e., 1234567890)]

10. Point of contact for this evaluation is [Medical Evaluation Board #1 name], who can be reached at [Medical Evaluation Board #1 phone] or [Medical Evaluation Board #1 e-mail].

[Signature Block]
Medical Evaluation Board Member #1/Initiating Provider

[Signature Block]
Medical Evaluation Board Member #2/Medical Evaluation Board Approving Authority Physician

[Signature Block]
Medical Evaluation Board #3/Convening Authority

[Signature Block]
Flag Officer Specialty