



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

VA/DOD JOINT DISABILITY EVALUATION BOARD CLAIM

IMPORTANT - Please read the Privacy Act and Respondent Burden on the back before completing the form.

Section I: To be completed by Military Treatment Facility referring service member to Disability Evaluation Section

SERVICE MEMBER NAME <i>(First, middle, last)</i>	GRADE
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COMPONENT	UNIT ADDRESS
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SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM,DD,YYYY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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NAME AND PHONE NUMBER OF ASSIGNED DISABILITY EVALUATION BOARD LIAISON OFFICER (DEBLO) <i>(First, MI, Last)</i>	NAME OF REFERRING MILITARY TREATMENT FACILITY (MTF)	DATE OF REFERRAL TO MEDICAL EVALUATION BOARD (MEB) (MM,DD,YYYY)
<i>Include Area Code</i> ()		

WHAT IS YOUR ADDRESS? Street address, rural route, or P.O. Box City State ZIP Code Country	WHAT ARE YOUR TELEPHONE NUMBERS? <i>(Include Area Code)</i> Daytime () Evening () Cell phone ()
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WHAT IS YOUR E-MAIL ADDRESS *(If applicable)*

MEDICAL CONDITIONS TO BE CONSIDERED AS THE BASIS OF FITNESS FOR DUTY DETERMINATION *(List only conditions referred by physician):*

PREPARED BY	DATE PREPARED
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Section II: Tell us about yourself. Please provide a contact name and address. If you are on Temporary Duty, please indicate that on the VA Form 21-4138, Statement in Support of Claim available on the internet at www.va.gov/vaforms

1. Have you ever filed a claim with VA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," provide file number)</i> _____ <i>(VA File Number)</i>	2. Point of contact name and address
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3a. Did you serve under another name? <input type="checkbox"/> Yes <i>(If "Yes," go to Item 3b)</i> <input type="checkbox"/> No <i>(If "No," go to Item 4)</i>	3b. Please list the other name(s) you served under
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4. I entered this current period of active service on: ____/____/____ mo day yr	5. Place of entry: _____
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Section III: Tell us about your military service. Enter complete information for your service. Tell us about your reserve duty or National Guard Duty

6. Are you currently assigned to an active reserve unit or National Guard Unit? <input type="checkbox"/> Yes <i>(If "Yes," provide date of activation below)</i> <input type="checkbox"/> No ____/____/____ mo day yr	7a. What is the name and mailing address of your current unit? _____ _____ _____	7b. What is the telephone number of your current unit? <i>(Include Area Code)</i> () _____
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8. Additional Conditions - (Do you have any disabling conditions, other than those referred for the fitness for duty determination, that you feel were caused by, or aggravated by, your active military service?) Please list those disabilities below:

Section IV: Give us your signature

I certify and authorize the release of information.
 I certify that the statements in this document are true and complete to the best of my knowledge.

9. Your signature (Do NOT print)

10. Date signed

Section V: Witnesses to Signature

11a. Signature of Witness (If claimant signed above using an "X")	11b. Printed name and address of witness
12a. Signature of Witness (If claimant signed above using an "X")	12b. Printed name and address of witness

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. **Social Security information:** You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.