

<b>MEDICAL BOARD INTERVIEW</b>				DATE	
(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)					
<p><b>INSTRUCTIONS</b></p> <p>Your retirement, separation, or reassignment orders will be issued on the following information you give. However, if orders have been published, attach a copy.</p> <p>Please understand that once your SF 570. Notification of Patient's Medical Status, is submitted to your physician, requesting a Medical Board, you must remain easily available to the Medical Board Section, e.g. for rechecks, more information, etc. Keep in touch with the Medical Board Section.</p> <p>Ordinary leave or convalescent leave is not authorized during board processing and will be terminated upon receipt of your case at the Medical Board Office.</p>					
NAME (Last, First, Middle)				SSN	
GRADE/RANK		DATE OF BIRTH (Day, Month, Year)		AGE	
LOCAL HOME ADDRESS (Street, Apt #, City, State, and ZIP)		PERMANENT HOME ADDRESS (Street, Apt #, City, State, and ZIP)		HOME PHONE	
ORGANIZATION (Base, State, and ZIP)		DSN DUTY PHONE		SERVICING PERSONNEL CENTER	
DAFSC/MOS		JOB TITLE			
DATE OF ORIGINAL ENTRY INTO MILITARY		DATE OF LAST MILITARY COMMITMENT RENEWAL		BRANCH OF SERVICE	
DATE OF SEPARATION/RETIREMENT		DATE REMOVED FROM FLYING STATUS		TOTAL ACTIVE DUTY	
				TOTAL INACTIVE DUTY	
				YEARS MONTHS	
				YEARS MONTHS	
AERO RATING (Title)		LOST TIME DURING CURRENT COMMITMENT (Jail, AWOL)			
(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO		FROM TO			
IS SEPARATION ACTION PENDING?		TYPE OF SEPARATION ACTION (39-10, 36-2, Court Martial, OSI, Other)			
(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO					
HIGHEST GRADE HELD ON ACTIVE DUTY		DID MEMBER SERVE IN GULF WAR THEATRE OF OPERATION AFTER 1 AUG 1990?			
		(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
GUARD OR RESERVE?		GUARD/RESERVE ORGANIZATION, BASE, & STATE (Attach orders, if any)			
(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO					
RESERVE COMMISSION?		GRADE		CURRENT LEAVE BALANCE	
(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO					
VOLUNTARY SEPARATION APPLIED FOR?		EFFECTIVE DATE		MANDATORY RETIREMENT?	
(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO				(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF CURRENT PHYSICIAN(S), FACILITY, AND CLINIC				PHYSICIAN(S) DSN PHONE NUMBER	
IS THE CONDITION FOR WHICH YOU ARE BEING BOARDED, THE RESULT OF AN INJURY?					
(Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WAS A LINE OF DUTY (AF FORM 348) COMPLETED? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO					
PATIENT'S SIGNATURE					

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).