



**FOR OFFICIAL USE ONLY (WHEN FILLED IN)****PSEUDOFOLLICULITIS BARBAE (PFB) SHAVING WAIVER/EVALUATION/DISPOSITION****LAST NAME      FIRST NAME      M.I.****SSN****MEDICAL OFFICER INITIAL EVALUATION**

- No PFB or other medical condition that prevents shaving
- Pseudofolliculitis Barbae (PFB)
- Facial Nodulocystic Acne
- Other:

**NAME OF MEDICAL OFFICER/RANK****SIGNATURE/DATE**

Due to the medical condition as specified above NO SHAVING of facial hair is recommended on a temporary basis for:

**SPECIFY PERIOD OF TIME****TITLE/SIGNATURE/DATE****MEDICAL OFFICER/SMDR DOCUMENTATION FOR PFB PROTOCOL COMPLETION:**

- PHASE I \_\_\_\_\_  
**SIGNATURE/TITLE/DATE**
- PHASE II \_\_\_\_\_  
**SIGNATURE/TITLE/DATE**
- PHASE III \_\_\_\_\_  
**SIGNATURE/TITLE/DATE**
- PHASE IV \_\_\_\_\_  
**SIGNATURE/TITLE/DATE**

**FAILURE OF PFB PROTOCOL RECOMMENDATION**

This Navy service member has failed the established PFB protocol. A permanent "NO SHAVE" status is recommended.

**SIGNATURE/TITLE****DATE****COMMANDING OFFICER DECISION**

- A permanent "NO SHAVING" status is authorized.
- Refer to NAVPERSCOM (PERS-83) for Administrative Separation

**NAME/RANK/TITLE****SIGNATURE/DATE**