



PUERTO RICO STATE GUARD DIRECTIVE

PRSG-SU
DISTRIBUTION: A

PRSGD 23-300
15 October 2023

MEDICAL BOARD PROCEDURES

References: See Enclosure A.

1. PURPOSE: Establish the procedures and criteria to carry out a Medical Board in the Puerto Rico State Guard, guaranteeing a fair and accurate medical evaluation of the medical fitness of the members of the Puerto Rico State Guard.
2. APPLICABILITY AND SCOPE: This directive/policy applies to all members of the Puerto Rico State Guard Command who require a medical evaluation to determine their ability to comply with military physical and mental requirements and meet the standards to perform their duties in a safe manner.
3. DEFINITIONS: NA
4. AUTHORITY: Puerto Rico Military Code Century XXI, Law Number 88 of August 8 of 2023.
 - a. Article 4.02 of the Puerto Rico Military Code Century XXI, Law 88 of August 8 of 2023 authorizes the Adjutant General of Puerto Rico to promulgate rules and regulations, not inconsistent with the provisions of this policy, with respect to age, enlistment, organization, administration, equipment, sustainment, training, and discipline requirements of said forces; Said rules and regulations must be in accordance with the laws of Puerto Rico applicable to the Military Forces of Puerto Rico.
 - b. PRSG Regulation 17-100, Standard of Medical Fitness, was enacted by the Adjutant General of Puerto Rico and became effective on April 1, 2023.
5. DIRECTIVE/POLICY: The service members of the Puerto Rico State Guard Command who require a medical evaluation to determine their ability to fulfill military obligations will be evaluated in the first instance by the Chief Medical Officer (CMO) and only the CMO will be able to refer a service member to the Medical Board if the CMO so determines.

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a. Interview with the Chief Medical Officer (CMO) and documentation:

- (1) The CMO will summon the Service Member and conduct a detailed interview to obtain additional information regarding SM's health status and ability to perform military duties.
- (2) The CMO will document all observations and findings during the evaluation on the PRSG Form 2708-1.
- (3) Once evaluated by the Chief Medical Officer (CMO), if the medical assessment determines that the service member is incapable of fulfilling their duties as an active member of the Puerto Rico State Guard Command, the CMO will be authorized to flag and refer them to a Medical Board. Alternatively, the CMO may choose to follow up on the medical assessment with the primary physician and not refer the service member to the Medical Board.

b. Attendance at the Medical Board:

- (1) All Service Members summoned for a medical evaluation by the Chief Medical Officer must attend the Medical Board on the designated date and time.
- (2) An official notification will be sent to the Service Member at least 30 days prior to the date of the Medical Board evaluation.

c. Deadline for the Medical Board Assistance:

- (1) The Service Member is required to attend the Medical Board evaluation on the date of the medical evaluation.
- (2) After this period, if the Service Member has not attended the Medical Board, it will be considered a failure to attend.

d. Consequences of Failure to Attend:

- (1) If a service member does not attend the Medical Board, he/she will be granted an Honorable Discharge. (discharged from Puerto Rico State Guard active service.)
- (2) The Honorable Discharge will be recorded in the service member electronic military record (EMR).

e. Composition of the Medical Board:

- (1) The Medical Board shall consist of 3 physicians, with at least 1 being female in case a female is being evaluated.

(2) The members of the Medical Board will adhere to the established medical standards and guidelines in PRSG Regulation 17-100, Standard of Medical Fitness, to assess the medical condition (health) of a service member.

(3) The Medical Board will review the CMO's report and conduct a thorough review of the individual's medical history, physical and clinical examinations, and any other relevant assessments.

(4) The Medical Board will issue a detailed report to the Chief Surgeon of the Puerto Rico State Guard, including the Medical Board's final decision and recommendations regarding the fitness of the Service Member, along with medical justifications for those recommendations.

f. Confidentiality:

(1) All medical information and assessment results will be treated confidentially and protected in accordance with medical information privacy laws and regulations.

(2) Access to medical information will be limited to authorized personnel involved in the Medical Board evaluation process.

(3) All members of the Medical Board will be certified in HIPAA Law at the time of file evaluation.

g. Review and Appeal:

(1) Members of the Puerto Rico State Guard who have been evaluated by the Medical Board have the right to request a review of the Medical Board's report if they disagree with the recommendations issued.

(2) The Chief Surgeon will establish appeals process to review the decisions of the Medical Board, ensuring transparency and fairness in the process.

h. CMO and Medical Board personnel training:

(1) Training sessions for CMO's and Medical Board personnel will be conducted in May and December of each current year for CMO's and Medical Board members by the Chief Surgeon to ensure that all personnel involved in the process are aware of updated procedures and best practices.

i. Reviews:

(1) This policy will be reviewed annually to ensure its relevance and effectiveness. Any significant revisions or modifications will be communicated to all members of the Puerto Rico State Guard and medical personnel involved in the Medical Board process.

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(2) The aim of this Medical Board policy for the Puerto Rico State Guard is to ensure that medical evaluations are carried out fairly, accurately, and confidentially, thereby ensuring the medical fitness of military personnel and their ability to fulfill military service responsibilities.

5. RESPONSIBILITIES:

a. The Chief Surgeon is responsible for selecting the physicians who will compose the Medical Board, coordinating, and conducting Medical Board evaluations in accordance with this policy.

b. In order to maintain the integrity of the process, the Chief Surgeon will not be a member of the Medical Board, and his/her responsibility will be limited to providing guidance to the Medical Board when requested by the presiding officer.

c. The physicians of the Medical Board must follow standard procedures and always maintain patient information confidentiality.

d. All service members summoned for a medical evaluation by the Chief Medical Officer or by the Medical Board must attend on the designated date and time.

6. INFORMATION REQUIREMENT: NA

7. RELEASABILITY: Unlimited.

8. EFFECTIVE DATE: This directive will expire 2 years from the effective date of publication unless sooner rescinded or superseded.

9. POINT OF CONTACT: The point of contact of this directive/policy is the PRSG Chief Surgeon of the Puerto Rico State Guard Command at (787)-731-3633 Ext.1464 or by email at chiefsurgeon@prsg.us.

Enclosure1: Reference



EDRICK RAMIREZ GONZALEZ
Brigadier General, PRSG
Commanding General

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References:

1. Military Code of Puerto Rico, Law Number 88 of August 8 of 2023.
2. Commander's Legal Handbook Pub 27-8.
3. PRSG Regulation 600-10, Personnel and Administrative Procedures, April 2023.
4. PRSG Regulation 17-100, Standards of Medical Fitness, April 2023.
5. PRSG Form 2807-1, Medical History, December 2023.
6. PRSG Form 25, Medical Waiver Request, February 2023.
7. PRSG Form 30, Physician Verification of Health Status, February 2023.

PUERTO RICO STATE GUARD REPORT OF MEDICAL HISTORY (This information is for official and medically confidential use only and will not be released to unauthorized persons)					
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. PLEASE RETURN COMPLETED YOUR FORM TO YOUR PUERTO RICO STATE GUARD RECRUITER, SURGEON, OR DESIGNEE ONLY.					
PRIVACY ACT STATEMENT					
AUTHORITY: The Health Insurance Portability and Accountability Act, HIPAA 104-191, Aug. 21, 1996. Military Code of Puerto Rico, Law Number 88 of August 8, 2023. PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Puerto Rico State Guard Command. The information collected on this form is used to assist Puerto Rico State Guard physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. A notice of privacy practices can be viewed at: https://www.salud.gov.pr/CMS/166 . ROUTINE USE(S): The Blanket Routine: Uses apply to this collection. This form PRSG 2807-1 is also available at http://prsg.us DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Puerto Rico State Guard. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For a Puerto Rico State Guard member, failure to provide the information may result in the individual being placed in a non-deployable status.					
WARNING: The information you have given constitutes an official statement. Provide false information is penalized by federal and Commonwealth of Puerto Rico laws.					
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. LAST FOUR SOCIAL SECURITY		3. TODAY'S DATE (DD/MM/YYYY)	
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5.a. EXAMINING LOCATION & ADDRESS CAMP SANTIAGO, SALINAS, PUERTO RICO			5.b. GENDER ☐ MALE ☐ FEMALE
5.c. TELEPHONE NUMBER (Include Area Code)		5.d. AGE:		5.e. HEIGHT:	
		5.f. WEIGHT:		5.g. BMI:	
X ALL APPLICABLE BOXES:					7.a. POSITION Grade Rank
6.a. SERVICE (MSC) ☐ Army ☐ Air Group ☐ Medical Command	6.b. MILITARY STATUS ☐ New Member ☐ Active	6.c. PURPOSE OF ☐ MEPS ☐ PHA ☐ Med.Board	EXAMINATION ☐ SRP ☐ AT ☐ Ret.Board	☐ Other (specify) _____	7.b. CIVILIAN OCUPATION
8. CURRENT MEDICATIONS (Prescription and Over the Counter)			9. ALLERGIES (Including insect bites/stings, foods, medicine, or other substance)		
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2					
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	12. CONTINUED	
10.a. Tuberculosis		☐	☐	f. Foot trouble (e.g., pain, corns, bunions, etc.)	
b. Lived with someone who had tuberculosis		☐	☐	g. Impaired use of arms, legs, hands, or feet	
c. Coughed up blood		☐	☐	h. Swollen or painful joint(s)	
d. Asthma or any breathing problems related to exercise, weather, etc.		☐	☐	i. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	
e. Shortness of breath		☐	☐	j. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	
f. Bronchitis		☐	☐	k. Any need to use corrective devices such as prosthetic devices, Knee brace(s), back support(s), lifts or orthotics, etc.	
g. Wheezing or problems with wheezing		☐	☐	l. Bone, joint, or other deformity	
h. Been prescribed or used an inhaler		☐	☐	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	
i. A chronic cough or cough at night		☐	☐	n. Broken bone(s) (cracked or fractured)	
j. Sinusitis		☐	☐	13.a. Frequent indigestion or heartburn	
k. Hay fever		☐	☐	b. Stomach, liver, intestinal trouble, or ulcer	
l. Chronic or frequent colds		☐	☐	c. Gall bladder trouble or gallstones	
11.a. Severe tooth or gum trouble		☐	☐	d. Jaundice or hepatitis (liver disease)	
b. Thyroid trouble or goiter		☐	☐	e. Rupture/hernia	
c. Eye disorder or trouble		☐	☐	f. Rectal disease, hemorrhoids or blood from the rectum	
d. Ear, nose, or throat trouble		☐	☐	g. Skin d (e.g. acne, eczema, psoriasis, etc.)	
e. Loss of vision in either eye		☐	☐	h. Frequent or painful urination	
f. Worm contact lenses or glasses		☐	☐	i. High or low blood sugar	
g. A hearing loss or wear a hearing aid		☐	☐	j. Kidney stone or blood in urine	
h. Surgery to correct vision (RK, PRK, LASIK, etc.)		☐	☐	k. Sugar or protein in urine	
12.a Painful shoulder, elbow, or wrist (e.g., pain, dislocation, etc.)		☐	☐	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	
b. Arthritis, rheumatism, or bursitis		☐	☐	14.a. Adverse reaction to serum, food, insect stings or medicine	
c. Recurrent back pain or any back problem		☐	☐	b. Recent unexplained gain or loss of weight	
d. Numbness or tingling		☐	☐	c. Currently in good health (If no, explain in Item 29 on Page 2.)	
e. Loss of finger or toe		☐	☐	d. Tumor, growth, cyst, or cancer	

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)			LAST FOUR SOCIAL SECURITY		
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.					
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO	YES	NO
15.a. Dizziness or fainting spells		☐	☐	19. Have you been refused employment or been unable to hold a job or stay in school because of: a. Sensitivity to chemicals, dust, sunlight, etc. ☐ ☐ b. Inability to perform certain motions ☐ ☐ c. Inability to stand, sit, kneel, lie down, etc. ☐ ☐ d. Other medical reasons (If yes, give reasons.) ☐ ☐	
b. Frequent or severe headache		☐	☐		
c. A head injury, memory loss or amnesia		☐	☐		
d. Paralysis		☐	☐		
e. Seizures, convulsions, epilepsy or fits		☐	☐		
f. Car, train, sea, or air sickness		☐	☐		
g. A period of unconsciousness or concussion		☐	☐		
h. Meningitis, encephalitis, or other neurological problems		☐	☐		
16.a. Rheumatic fever		☐	☐	20. Have you ever been treated in an Emergency Room? (If yes, for what?) ☐ ☐	
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)		☐	☐		
c. Pain or pressure in the chest		☐	☐		
d. Palpitation, pounding heart or abnormal heartbeat		☐	☐		
e. Heart trouble or murmur		☐	☐		
f. High or low blood pressure		☐	☐		
17.a. Nervous trouble of any sort (anxiety or panic attack)		☐	☐	21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and more of doctor and complete address of hospital?) ☐ ☐	
b. Habitual stammering or stuttering		☐	☐		
c. Loss of memory or amnesia, or neurological symptoms		☐	☐		
d. Frequent trouble sleeping		☐	☐		
e. Received counseling of any type		☐	☐		
f. Depression or excessive worry		☐	☐		
g. Been evaluated or treated for a mental condition		☐	☐	22. Have you ever had, or have you been advised to have any operation or surgery? (If yes, describe and give age at which occurred) ☐ ☐	
h. Attempted suicide		☐	☐		
i. Used illegal drugs or abused prescription drugs		☐	☐		
18. FEMALES ONLY. Have you ever had or do you now have:					
a. Treatment for a gynecological (female) disorder		☐	☐		
b. A change of menstrual pattern		☐	☐		
c. Any abnormal PAP smears		☐	☐	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) ☐ ☐	
d. First day of last menstrual period (DD-MM-YYYY)					
e. Date of last PAP smear (DD-MM-YYYY)					
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)		☐	☐		
25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)		☐	☐		
26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)		☐	☐		
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when why.)		☐	☐	28. Have you ever been denied life insurance? ☐ ☐	
29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)					

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	LAST FOUR SOCIAL SECURITY
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important and record any significant findings here.)</i>	
COMMENTS	
30. IMMUNIZATION HISTORY <i>(Please answer the following questions about your immunization history)</i>	
	YES NO
a. Have you received an Influenza Vaccination (Flu Shot) this year (Are you current)?	☐ ☐
b. To your knowledge, have you received a Tetanus shot or vaccination called a DTap, Tdap, or DTP in the last ten (10) years?	☐ ☐
c. Have you had a Hepatitis B series of 2, 3 or 4 shots or have a positive Hepatitis B surface antibody?	☐ ☐
d. Have you been diagnosed with having an immune deficiency disorder, a weakened immune system, have a family Member with an immune deficiency or are being treated for cancer or receiving chemotherapy?	☐ ☐
e. Have you received a COVID-19 Vaccination?	☐ ☐
☐ 1 Dosis ☐ 2 Dosis ☐ 3 Dosis ☐ Additional Dosis _____	
31.a. TYPED OR PRINTED NAME OF PRSG Member <i>(Last, First, Middle Initial)</i>	b. SIGNATURE OF MEMBER <i>(SOILDER)</i>
	c. DATE SIGNED <i>(DD-MM-YYYY)</i>
d. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>	e. SIGNATURE OF EXAMINER <i>(PHYSICIAN)</i>
	f. DATE SIGNED <i>(DD-MM-YYYY)</i>

PUERTO RICO STATE GUARD MEDICAL WAIVER REQUEST FORM

NAME: *(Last, First, MI)*

RANK:

DATE: *(DD-MM-YYYY)*

Current Deployable Status:

- ☐ Deployable All Areas (DEPA)
- ☐ Deployable Limit Areas (DEPL)
- ☐ Not Deployable Temporary (NDPTTEM)
- ☐ Not Deployable Permanent (NDPER)

Request Reason:

- ☐ Requesting Change in Deployment Status
- ☐ Periodic Health Assessment
- ☐ Retention Board

Unit:

- ☐ MSC HHD
- ☐ BN / Squadron
- ☐ Co. / Flight / Separated Unit

Purpose of Waiver:

Key Points:

Outcome:

- ☐ Approved
- ☐ Not Approved

Change in Deployable Status:

- ☐ No Changes
- ☐ Deployable Limit Areas (DEPL)
- ☐ Not Deployable Temporary (NDPTTEM)
- ☐ Not Deployable Permanent (NDPER)

Reviewed by:

NAME AND RANK OF EXAMINER *(Last, First Name, and Rank)*

SIGNATURE OF EXAMINER *(Physician)*

DATE SIGNED *(DD-MM-YYYY)*



NEW ENLISTMENT / APPOINTMENT PHISICIAN VERIFICATION OF HEATH STATUS

I have reviewed the health status of _____ and the attached Functional Position Description defining requirements of the Puerto Rico State Guard. I have determined that the applicant qualifies for one of the following designations.

No restriction

Has the following restriction

Physician's signature

Date.

Physician printed name

Physician license number.

Physician office telephone number