

COMMANDER'S PERFORMANCE AND FUNCTIONAL STATEMENT

PURPOSE: To provide information on the impact a medical impairment has on the ability of military personnel to perform their duties and to document administrative actions.

Section I: SOLDIER DEMOGRAPHIC INFORMATION

DATE	NAME - (LAST, FIRST, MI)	DOB	SSN	PMOS
COMPONENT	BASD	UNIT OF ASSIGNMENT		

Section II: FUNCTIONAL STATEMENT

	YES	NO	COMMENTS REQUIRED IN SECTION V	
1. Soldier is performing duties in their MOS.				
2. Soldier is in an appropriate TO&E or TDA position for their grade and MOS.				
3. Soldier can perform their assigned MOS duties in the unit.			If answer is no.	
4. Soldier performs alternate duty well.			If answer is no.	
5. Soldier's medical condition/limitations effects the units ability to accomplish their mission.				
6. Soldier keeps all medical appointments.			If answer is no.	
7. Soldier has healthcare appointments on a regular basis.			If answer is no.	
8. Soldier has healthcare appointments how often:				
	< 1 time/week	1-3 times/week	3-5 times/week	> 5 times/week

Section III: INDUSTRIAL CAPACITY STATEMENT:

	YES	NO	COMMENTS REQUIRED IN SECTION V
1. Soldier works an 8 hour day.			If answer is no.
2. If Soldier is not working, it is because they are going to appointments.			If answer is no.
3. Soldier is able to remember locations, work like procedures and instructions.			If answer is no.
4. Soldier is able to maintain a level of attention and focus to carry out instructions and complete tasks in a timely manner.			If answer is no.
5. Soldier is able to communicate effectively with others.			If answer is no.
6. Soldier is able to relate civilly to supervisors and other workers.			If answer is no.
7. Soldier is able to sustain an ordinary routine without extra supervision.			If answer is no.
8. Soldier is able to make basic work related decisions.			If answer is no.
9. Soldier is able to perform without an unreasonable number and duration of rest periods.			If answer is no.

Section III: INDUSTRIAL CAPACITY STATEMENT (cont):

	YES	NO	COMMENTS REQUIRED IN SECTION V
10. Soldier is able to ask simply questions and request help when appropriate.			If answer is no.
11. Soldier is able to respond appropriately to changes in routine.			If answer is no.
12. Soldier is able to be aware of safety hazards and take appropriate precautions.			If answer is no.

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13. The Commander has reviewed the Soldiers Profile DA Form 3349 and agrees as it is written.			If answer is no.
14. Soldier is compliant with profile.			
15. Soldier is charged or under investigation for an offense punishable under UCMJ, which could result in dismissal or punitive discharge.			If answer is yes.
16. Soldier is pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officers).			If answer is yes, specify the chapter and paragraph.
17. Soldier is pending voluntary retirement.			if answer is yes, specify date.

Section V: COMMENTS:

Section VI: COMMANDER'S VALIDATION AND SIGNATURE:

NAME (last, first, mi)	RANK	TITTLE	PHONE NUMBER
UNIT ADDRESS	EMAIL ADDRESS	FAX NUMBER	

SIGNATURE: _____