

**MEDICAL ACTION TRACKING SYSTEM (MATS)  
DoDMERB REQUIRED DOCUMENTS CHECKLIST**

The below checklist should be used as a guide when a **DoDMERB** action is selected in MATS. Please ensure the required documents and/or optional documents are submitted.

|                                   |             |
|-----------------------------------|-------------|
| <b>Applicant Name:</b>            | <b>SSN:</b> |
| <b>Checklist Completion Date:</b> | <b>MOS:</b> |

| Yes                      | N/A                      | SMP, Medical, Chaplain, Dental, JAG:<br>DoDMERB Required Documents        | Comments |
|--------------------------|--------------------------|---|----------|
| <input type="checkbox"/> |                          | DoDMERB Report of Medical Examination (DD 2351)                           |          |
| <input type="checkbox"/> |                          | DoDMERB Report of Medical History (DD 2492)                               |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Screening Form (include if no annotation, scan together with DD 2351) |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Documents   |          |
|                          |                          | <b>OR</b>   |          |
|                          |                          | <b>ROTC DoDMERB Required Documents</b>                                    |          |
| <input type="checkbox"/> |                          | DoDMERB Report of Medical Examination w/ DoDMERB Stamp (DD 2351)          |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Screening Form (include if no annotation, scan together with DD 2351) |          |
| <input type="checkbox"/> |                          | DoDMERB Report of Medical History (DD 2492)                               |          |
| <input type="checkbox"/> |                          | LDAC w/ Stamp (DD 2807-1)   |          |
| <input type="checkbox"/> |                          | Medical Record: Chronological Record of Medical Care (SF 600)             |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Documents   |          |
| Yes                      | N/A                      | Prior Service Required Documents  |          |
|                          |                          | <b>All Other Branches</b>   |          |
| <input type="checkbox"/> |                          | DD 214  |          |
| <input type="checkbox"/> |                          | REDD Report   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Separation and Medical Discharge Documents                                |          |
| <input type="checkbox"/> | <input type="checkbox"/> | VA Disability Sheet Showing % and Medical Condition                       |          |
|                          |                          | <b>Army National Guard</b>  |          |
| <input type="checkbox"/> |                          | NGB 22 or DD 214 or DD 220  |          |
| <input type="checkbox"/> |                          | REDD Report   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Separation and Medical Discharge Documents                                |          |
| <input type="checkbox"/> | <input type="checkbox"/> | VA Disability Sheet Showing % and Medical Condition                       |          |
|                          |                          | <b>Current Active Reserve Service</b>                                     |          |
| <input type="checkbox"/> |                          | DD 214  |          |
| <input type="checkbox"/> |                          | Request for Conditional Release (DD 368)                                  |          |
| <input type="checkbox"/> |                          | REDD Report   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Separation and Medical Discharge Documents                                |          |
| <input type="checkbox"/> | <input type="checkbox"/> | VA Disability Sheet Showing % and Medical Condition                       |          |
|                          |                          | <b>Individual Ready Reserve</b>   |          |
| <input type="checkbox"/> |                          | DD 214  |          |
| <input type="checkbox"/> |                          | Request for Conditional Release (DD 368)                                  |          |
| <input type="checkbox"/> |                          | REDD Report   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Separation and Medical Discharge Documents                                |          |
| <input type="checkbox"/> | <input type="checkbox"/> | VA Disability Sheet Showing % and Medical Condition                       |          |

**Acknowledgement:**

I have reviewed the checklist for completeness and will submit the medical action for further review by NGB.