



DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO
ATTENTION OF
MCHE-TC (600-9)

21 February 2003

MEMORANDUM FOR TROOP COMMAND, BROOKE ARMY MEDICAL CENTER
(BAMC), PERSONNEL, FORT SAM HOUSTON, TX 78234-6200

SUBJECT: Army Weight Control Program (Policy Memorandum #37)

1. Reference: AR 600-9, The Army Weight Control Program.
2. All BAMC soldiers are expected to maintain proper weight and height standards at all times. Self-discipline, a well-balanced diet, and proper exercise are keys to ensuring compliance with established weight and body fat standards. Soldiers who exceed body fat standards will be enrolled in their Company's Weight Control Program IAW AR 600-9. A flow process guide for screening and weight control actions and a weight control progress sheet used to record personal data and monthly weigh-ins is contained in AR 600-9.
3. All soldiers will be weighed at the commander or supervisor's discretion, during diagnostic and record Army Physical Fitness Tests, or at least every six months. When a soldier's weight exceeds the screening table weight, body fat composition will be determined. The Company Commander's Operations NCO or designated individual assigned to the Company Headquarters are the only authorized personnel to conduct body fat tests. Only one body fat test will be given and no grace period is authorized. Once an excess body fat condition is validated, the soldier will be counseled, flagged, and entered into the Weight Control Program. In accordance with AR 600-9, it is not necessary to refer a soldier for medical evaluation prior to flagging the soldier. It is the policy of this command to flag and enroll soldiers within 30 days of the initial failed height and weight screen regardless of medical evaluation status. Soldiers in a conditional promotion status will have their promotion revocation action processed within 30 days of entry in a weight control program, and only after an underlying disease is ruled out by medical authorities. If a subsequent medical evaluation determines an underlying disease exists, the soldier will be disenrolled and all derogatory disciplinary and administrative actions will be rescinded. Although unit First Sergeants can counsel soldiers, only the soldier's unit commander can sign the notification enrolling a soldier in the unit weight control program.
4. A soldier identified as exceeding body fat standards IAW AR 600-9 will be command referred for a medical evaluation to determine whether or not his/her condition is the result of an underlying medical condition. The soldier's OIC/NCOIC is responsible for ensuring that an appointment for a medical evaluation at BAMC is scheduled expeditiously (within 5 working days after the soldier's condition is validated).

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Medical evaluation will involve a laboratory work-up, to include cholesterol and thyroid hormone levels.

5. The soldier's Company will make weight reduction training available to soldiers exceeding the body fat standard. Individuals enrolled in a weight control program will attend special population physical training unless waived by the appropriate Deputy Commander. Overweight soldiers are required to attend physical training Monday through Friday as outlined in the company training schedule. These soldiers will also receive nutrition education and weight reduction counseling. Results of the soldier's weight reduction counseling will be returned to the unit 1SG or Company Commander within 5 working days of their counseling. Lack of nutrition education and weight reduction counseling will not preclude expeditious entry in a weight control program.

6. Soldiers in a company weight control program will report to the company area (Building 3640/ISR Company Headquarters) during the last week of every month to be weighed and taped. Each company is responsible for directing their soldiers to their unit's weigh-in. The soldier's OIC/NCOIC will ensure that soldiers enrolled in the weight control program are available for monthly weigh-ins. Ordinary leaves, passes and non-mission essential TDY will not prevent the soldier from attending monthly weigh-ins.

7. Soldiers who do not make satisfactory progress for two consecutive months or at the end of six months, will receive a medical reevaluation at BAMC. If no underlying or associated disease process is found as the cause of the condition separation from the Service will be initiated. The soldier's Company Commander or 1SG, Operations NCO or designated individual will counsel soldiers appropriately in writing (e.g., DA Form 4856) outlining the necessity to make satisfactory progress, and the possibility of administrative separation if satisfactory progress is not achieved. Satisfactory progress is a loss of 3-8 pounds per month. Copies of this counseling will be maintained by the Company NLT a week from when unsatisfactory progress is determined.

8. Soldiers who are overweight and fail a body fat test will be flagged (suspension of favorable personnel actions) which includes:

a. Placed in a nonpromotable status and removed from a promotion standing list (if applicable).

b. Will not be authorized to attend professional military or civil schooling (see AR 600-9 for exceptions).

c. Will not be assigned to command positions.

d. Will not be permitted to reenlist or extend their reenlistment (see AR 600-9 for exceptions).

9. Removal from the weight control program is contingent upon meeting body fat

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standards. Removal of the suspension of favorable actions (flag) will occur simultaneously. Failure to be removed from the weight control program upon permanent change of station (PCS) will result in the transfer of the flagging action to the gaining unit.

10. If a soldier is found to be non-compliant with body fat standards, separation action will be initiated. If within 12 months from the date of the previous removal from the program and no underlying or associated disease process is identified as the cause of the condition, the individual will be subject to separation from the service. If after 12 months, but within 36 months of previous removal from the program, the soldier will be allowed 90 days to meet body fat standards. If the soldier does not meet the standards within 90 days, he/she will be considered for administrative separation.

11. POC for this policy is the BAMC Troop Commander at (210) 916-9776.

Enclosures

/s/

- 1 – Cover Sheet
- 2 - FORM 5500-R (Work Sheet)
- 3 - Counseling Statement
- 4 - Counseling Smt – Progress
in WC Program
- 5 - SM Notification Memo
- 6 - DA FORM 268 (Initiate)
- 7 - SM Reply Ltr to Cdr
- 8 - Memo to Nutrition Care
- 9 - Medical Evaluation Memo
- 10 – Removal Ltr to HRBC
- 11 – Removal Ltr to Svc Member
- 12 - DA FORM 268 (Remove)
- 13 – Reevaluation Form
- 14 – Separation Notification to Svc Member

JAMES A. MUNDY
LTC, MS
Commanding

BAMC TROOP COMMAND
WEIGHT CONTROL PROGRAM
COVER SHEET

NAME: _____ RANK: _____

SSN: _____

_____ DA FORM 5500-E (Work Sheet) Date: _____

_____ Counseling Statement Date: _____

_____ Counseling Stm Progress in WC Program Date: _____

_____ SM NOTIFICATION LETTER Date: _____

_____ DA FORM 268 (Initiate) Date: _____

_____ SM REPLY LTR TO CDR Date: _____

_____ LETTER TO DIETARY Date: _____

_____ MEDICAL EVALUATION LTR Date: _____

_____ REMOVAL LTR TO HRBC Date: _____

_____ REMOVAL LTR TO SVC MBR Date: _____

_____ DA FORM 268 (Remove) Date: _____

_____ REEVALUATION FORM Date: _____

_____ SEPARATION LTR TO SVC MBR Date: _____

DEVELOPMENTAL COUNSELING FORM

For use of this form see FM 22-100.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I – ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank / Grade	Social Security No.	Date of Counseling
Organization CDR, COMPANY _____, TROOP COMMAND, BAMC		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling and includes the leaders facts and observations prior to the counseling):

INITIAL OVERWEIGHT COUNSELING

THE COMPANY CONDUCTED A WEIGHT CONTROL SCREENING ON: _____

YOU WEIGH _____ POUNDS.

YOU ARE _____ INCHES TALL, AND _____ YEARS OF AGE.

YOU MAXIMUM AUTHORIZED WEIGHT IS _____ POUNDS.

YOU ARE _____ POUNDS OVERWEIGHT.

YOUR BODYFAT PERCENTAGE IS _____.

YOUR MAXIMUM ALLOWABLE BODYFAT PERCENTAGE IS _____.

YOU DO NOT MEET THE ARMY WEIGHT STANDARDS FOR YOUR AGE AND ARE BEING REFERRED TO THE COMMANDER FOR ENROLLMENT IN THE ARMY WEIGHT CONTROL PROGRAM.

PART III – SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- YOU WILL WEIGH-IN AND BE TAPED ONCE A MONTH TO MEASURE YOUR PROGRESS.
- YOU MUST LOOSE 3-8 POUNDS PER MONTH TO BE CONSIDERED MAKING SATISFACTORY PROGRESS.
- YOU MUST SHOW A _____ REDUCTION IN BODYFAT. YOU ARE ADVISED THAT REMOVAL FROM THE WEIGHT CONTROL PROGRAM IS BASED ON YOU ACHIEVING YOUR BODYFAT STANDARD. THE SCREENING TABLE WEIGHT WILL NOT BE USED TO REMOVE YOU FROM THE WEIGHT CONTROL PROGRAM.
- YOU WILL PARTICIPATE IN YOUR COMPANY SPECIAL POPULATION PT PROGRAM
- YOU ARE NOT ELIGIBLE FOR ANY FAVORABLE ACTIONS WITHOUT PROPER WAIVERS FROM THE COMPANY COMMANDER.
- YOU ARE ENCOURAGED TO ATTEMPT TO MAKE SINCERE PROGRESS TO REDUCE YOUR WEIGHT AND BODYFAT %. YOU WILL BE REFERRED FOR A MEDICAL & NUTRITIONAL SCREENING/COUNSELING.
- UNDERSTAND THAT IF YOU ARE FOUND TO BE OUT OF TOLERANCE AFTER 6 MONTHS IN THE PROGRAM, THE COMMANDER MUST INITIATE SEPARATION PROCEEDINGS.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specific time line for implementation and assessment (Part IV below):

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate):

Individual counseled: I agree / disagree with the information above

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action):

- Conduct monthly weigh-in of soldier
- Monitor progress in special fitness program
- Counsel soldier monthly on progress

Signature of Unit Commander: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling):

Commander: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

DEVELOPMENTAL COUNSELING FORM

For use of this form see FM 22-100.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

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DISCLOSURE: Disclosure is voluntary.

PART I – ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank / Grade	Social Security No.	Date of Counseling
Organization CDR, BAMC, TRP CMD	Name and Title of Counselor		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling and includes the leaders facts and observations prior to the counseling):

MONTHLY PROGRESS IN THE WEIGHT CONTROL PROGRAM AS OUTLINED IN AR 600-9

WEIGHT LOSS OF _____ POUNDS

YOU PROGRESS IS SATISFACTORY / UNSATISFACTORY FOR THE MONTH OF _____.

PART III – SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Your progress in the Weight Control Program is SATISFACTORY / UNSATISFACTORY. You HAVE / HAVE NOT met the required weight loss of 3 to 8 pounds for the month of _____.

You are informed that if you do not make satisfactory progress for two consecutive months, you may be referred to medical personnel for a special medical reevaluation. If health care personnel are unable to determine a medical reason for your lack of weight loss, you are subject to separation from the Army under the provisions of AR 635-200, Chapter 18.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specific time line for implementation and assessment (Part IV below):

* ADOPT AN EFFECTIVE PROGRAM TO INCLUDE DIET, EXERCISE ROUTINE, LIFE-STYLE CHANGES THAT HELP ACHIEVE A GOAL OF UP TO 8 POUNDS OF WEIGHT LOSS PER MONTH..

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate):

Individual counseled: I agree / disagree with the information above

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action):

Signature of Commander: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling):

CO CDR SIGNATURE ONLY: _____ Individual Counseled: _____

Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

MCHE-TC-_____

Date_____

MEMORANDUM FOR _____, Company____, Troop Command, BAMC

SUBJECT: Commander Notification to Soldier of Entry in the Army Weight Control Program (AWCP)

1. You have been found to exceed your body composition standards in accordance with AR 600-9.
2. Your percent body fat allowed is _____ percent and your body fat percentage is _____.
3. You are hereby enrolled in the Army Weight Control Program (AWCP) effective _____ (date of unit Body Fat measurement). While enrolled in this program, your goal is to lose weight at the rate of ***at least 3-8 pounds per month*** to make satisfactory progress in reaching your body composition standard.
4. If you fail to make satisfactory progress(weight loss of 3-8 pounds per month) for two consecutive months or fail to meet body composition standards within 6 months of enrollment in the program you may be processed for separation from the service in accordance with AR 635-200, Chapter 18.
5. You have been flagged under the provisions of AR 600-8-2.
6. As long as you are enrolled in the AWCP you will not be allowed to reenlist or extend your current enlistment. You will be removed from a local promotion list if promotable and loose your conditional promotion if in a conditional promotion status.
7. You will acknowledge receipt of this letter by signing the 1st endorsement of this letter.

Commanding

SM NOTIFICATION LETTER

MCHE-TC-____ (MCHE-____(600-9)/_____) 1st End_____

SUBJECT: Commander Notification to Soldier of Entry in the Army Weight Control Program

(NAME) _____, SSN _____, COMPANY _____, FSHTX, 78234

FOR Commander, COMPANY _____, BAMC TROOP COMMAND, FSHTX 78234

1. I acknowledge receipt of the foregoing correspondence and understand I am now enrolled in the Army Weight Control Program.
2. I am not aware of any pathological condition, which could preclude me from achieving my maximum allowable percent body fat within the prescribed time frame.
3. I am aware that I have been flagged IAW AR 600-8-2.

Signature: _____

Rank / Name: _____

REPORT TO SUSPEND FAVORABLE PERSONNEL ACTIONS (FLAG)

For use of this form, see AR 600-8-2; the proponent agency is MILPERCEN.

SECTION I - ADMINISTRATIVE DATA

1. NAME (Last, First, MI)		2. SSN	3. RANK
4. <input type="checkbox"/> On active duty	<input type="checkbox"/> Not on active duty	<input type="checkbox"/> On ADT	5. ETS/ESA/MRD
6. UNIT ASSIGNED AND ARMY MAJOR COMMAND			7. STATION (Geographical location)
8. PSC CONTROLLING FLAGGING ACTION AND TELEPHONE NUMBER			
9. THIS ACTION IS TO:			
<input checked="" type="checkbox"/> Initiate a flag (Sections II and V only)		<input type="checkbox"/> Transfer a flag (Sections III and V only)	
		<input type="checkbox"/> Remove flag (Sections IV and V only)	

SECTION II - INITIATE A FLAG

10. A FLAG IS INITIATED, EFFECTIVE _____ FOR THE FOLLOWING REASON:

<u>NON-TRANSFERABLE</u>	<u>TRANSFERABLE</u>
<input type="checkbox"/> Adverse action (A)	<input type="checkbox"/> APFT failure (J)
<input type="checkbox"/> Elimination - field initiated (B)	<input checked="" type="checkbox"/> Weight control program (K)
<input type="checkbox"/> Removal from selection list - field initiated (C)	
<input type="checkbox"/> Referred OER (D)	
<input type="checkbox"/> Security violation (E)	
<input type="checkbox"/> HQDA use only - elimination or removal from selection list (F)	

SECTION III - TRANSFER A FLAG

11. A FLAG IS TRANSFERED FOR THE FOLLOWING REASON:

<input type="checkbox"/> Adverse action - HQDA directed reassignment (G)	<input type="checkbox"/> APFT failure (J)
<input type="checkbox"/> Adverse action - punishment phase (H)	<input type="checkbox"/> Weight control program (K)
<input type="checkbox"/> Supporting documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV - REMOVE A FLAG

12. A FLAG IS REMOVED, EFFECTIVE _____ FOR THE FOLLOWING REASON:

<input type="checkbox"/> Case closed favorably (C)	<input type="checkbox"/> Soldier transferred to a different Army component or discharged while case in process (destroy case file) (E)
<input type="checkbox"/> Disciplinary action taken (D)	<input type="checkbox"/> Other final action (E)

SECTION V - AUTHENTICATION

DISTRIBUTION

1 - Unit Commander 1 - F&AO
1 - PSC 1 - Commander, gaining unit (transfer flag only)

NAME, RANK, TITLE, AND ORGANIZATION	SIGNATURE	DATE
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MCHE-TC-_____

Date_____

MEMORANDUM FOR Commander, Company____, Troop Command, BAMC

SUBJECT: Soldier Initial Army Weight Control Program Counseling Statement

1. This is to certify that my Company Commander has counseled me on this date concerning my entry in the Army Weight Control Program.
2. I understand that I do not meet the percent body fat for my height / weight IAW para 20c, AR 600-9. I also understand I have a goal to lose 3-8 pounds per month to progress towards my Screening Table Weight (STW) and to meet the body composition standards.
3. I understand that a suspension of favorable personnel actions (Flag) has been initiated IAW AR 600-8-2.
4. I understand that as long as I am enrolled in the AWCP, I am not allowed to reenlist or extend my enlistment.
5. I further understand the following:
 - a. That failure to make satisfactory progress for any two consecutive months may result in my elimination from the service UP AR 635-200, Chapter 18.
 - b. That my percent body fat is ___% for my height and age, and that I must achieve this percentage, even if I am able to meet my Screening Table Weight. If I exceed my percent body composition standards within 12 months after removal from the AWCP, I will be processed for separation immediately without further enrollment in the Army Weight Control Program.
 - c. That I will be weighed monthly and given additional tape measurements as required to monitor my progress in the Army Weight Control Program.

Signature: _____

Rank / Name: _____

SM REPLY TO COMMANDER

MCHE-TC-_____

Date_____

MEMORANDUM FOR Dietitian, BAMC, FSHTX 78234

SUBJECT: _____, SS# _____, Referral for Dietary and Nutritional Counseling for Weight Control Program

1. The above soldier is required to attend Dietary and Nutritional Counseling in conjunction with the Weight Control Program to assist in achieving proper weight and percent body fat reduction.
2. Upon completion of Dietary and Nutritional counseling have this letter validated by the dietitian (1st End) and return it for enclosure in your Weight Control Packet.

 Commanding

Date: _____

TO: Commander, _____, BAMC, FSHTX 78234

1. The above listed soldier received appropriate dietary and nutritional counseling for participation in the Weight Control Program.
2. Follow-up counseling should be provided at the unit level using information in Appendix C of AR 600-9 and the assistance of Master Fitness Trainers, if available.

MCHE-TC-_____

Date _____

MEMORANDUM FOR Medical Officer, BAMC

SUBJECT: Commander's Request for Medical Evaluation/Reevaluation for Weight Control Program

1. Re: ____, _____, SS# _____ Company ____, Troop Command BAMC
2. Soldier has been determined to be overweight: exceeds the weight standard by _____ lbs; exceeds the percent body composition standard by _____ percent.
3. Request the appropriate medical evaluation for participation in the Weight Control Program and/or special fitness training program to be conducted for the following reasons:
 - () Soldier's physical profile
 - () Suspected Pregnancy
 - () Soldier within 6 months of ETS
 - () Consideration for separation action (failure to make satisfactory progress)
 - () Unit Commander's special request

Commanding

MEDICAL EVALUATION LTR

_____ (1st End)

Date: _____

Medical Officer, BAMC

TO: Commander, Company____, Troop Command, BAMC

Re:____, _____, SS# _____, Company____, Troop Command, BAMC

1. The above soldier has been examined for participation in a Weight Control Program and/or Physical Exercise Program IAW AR 600-9.
2. The soldiers overweight problem (is) (is not) due to a pathological medical problem.
3. The following action(s) is / are recommended:
 - () Enrollment or continuation in a weight reduction program.
 - () Enrollment or continuation in a physical exercise program.
 - () Separation processing if indicated.
 - () Medical treatment for a pathological medical disorder.

4. Additional Remarks:

MCHE-TC-_____

Date_____

MEMORANDUM FOR FORT SAM HOUSTON HRBC

SUBJECT: Commander Notification MILPO of Soldier Removal from the Army Weight Control Program

Re: _____, SSN _____, Company ____ Troop Command , BAMC

1. The above listed individual has been determined to be in compliance with the provisions of AR 600-9, and is therefore removed from the weight control program effective this date.
2. The soldier's current weight is _____ pounds. Screening weight is _____ pounds for present age and gender. Body fat measurement is _____%, which meets the standard.
3. This correspondence will be retained in the individual's MPRJ for 36 months from this date.

Commanding

REMOVAL LETTER TO HRBC

MCHE-TC-_____

Date_____

MEMORANDUM FOR _____, SSN#_____, Company _____, BAMC, FSHTX 78247

SUBJECT: Commander Notification to Soldier of Removal from the Army Weight Control Program

1. Effective this date , you are no longer enrolled in the Army Weight Control Program as you have achieved your percent body composition standard IAW AR 600-9. You are to be congratulated on this achievement.
2. Action has been initiated to lift your suspension of favorable personnel actions (FLAG).
3. You should understand that under the provisions of AR 600-9, you must maintain your percent body fat within acceptable standards. Failure to do so during the next 12 months will result in your immediate processing for separation from the service without reentry into the Weight Control Program.
4. You are also advised that re-entry into the program after 12 months of release, but within 36 months of release will result in re-enrollment in the Army Weight Control Program. If re-enrolled under these conditions, you will have only **3 months**, instead of the normal 6 months to achieve your appropriate body composition standards.

Commanding

I have read and understand the notification.

Signature: _____

Rank / Name: _____

REMOVAL LETTER TO SVC MBR

REPORT TO SUSPEND FAVORABLE PERSONNEL ACTIONS (FLAG)

For use of this form, see AR 600-8-2; the proponent agency is MILPERCEN.

SECTION I - ADMINISTRATIVE DATA

1. NAME (Last, First, MI)	2. SSN	3. RANK
4. <input type="checkbox"/> On active duty <input type="checkbox"/> Not on active duty <input type="checkbox"/> On ADT	5. ETS/ESA/MRD	
6. UNIT ASSIGNED AND ARMY MAJOR COMMAND		7. STATION (Geographical location)
8. PSC CONTROLLING FLAGGING ACTION AND TELEPHONE NUMBER		
9. THIS ACTION IS TO: <input type="checkbox"/> Initiate a flag (Sections II and V only) <input type="checkbox"/> Transfer a flag (Sections III and V only) <input checked="" type="checkbox"/> Remove flag (Sections IV and V only)		

SECTION II - INITIATE A FLAG

10. A FLAG IS INITIATED, EFFECTIVE _____ FOR THE FOLLOWING REASON:

<u>NON-TRANSFERABLE</u>	<u>TRANSFERABLE</u>
<input type="checkbox"/> Adverse action (A)	<input type="checkbox"/> APFT failure (J)
<input type="checkbox"/> Elimination - field initiated (B)	<input checked="" type="checkbox"/> Weight control program (K)
<input type="checkbox"/> Removal from selection list - field initiated (C)	
<input type="checkbox"/> Referred OER (D)	
<input type="checkbox"/> Security violation (E)	
<input type="checkbox"/> HQDA use only - elimination or removal from selection list (F)	

SECTION III - TRANSFER A FLAG

11. A FLAG IS TRANSFERRED FOR THE FOLLOWING REASON:

<input type="checkbox"/> Adverse action - HQDA directed reassignment (G)	<input type="checkbox"/> APFT failure (J)
<input type="checkbox"/> Adverse action - punishment phase (H)	<input type="checkbox"/> Weight control program (K)
<input type="checkbox"/> Supporting documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV - REMOVE A FLAG

12. A FLAG IS REMOVED, EFFECTIVE _____ FOR THE FOLLOWING REASON:

<input type="checkbox"/> Case closed favorably (C)	<input type="checkbox"/> Soldier transferred to a different Army component or discharged while case in process (destroy case file) (E)
<input type="checkbox"/> Disciplinary action taken (D)	<input type="checkbox"/> Other final action (E)

SECTION V - AUTHENTICATION

DISTRIBUTION
1 - Unit Commander 1 - F&AO
1 - PSC 1 - Commander, gaining unit (transfer flag only)

NAME, RANK, TITLE, AND ORGANIZATION	SIGNATURE	DATE
-------------------------------------	-----------	------

MCHE-TC-_____

Date_____

MEMORANDUM FOR Medical Officer, Brooke Army Medical Center

SUBJECT: Commander's Request to Medical Officer for Reevaluation of Soldier in AWCP

A medical reevaluation is requested for the below listed soldier because of no weight loss in the last two months nor weight loss of 3-8 pounds per month any time during the past ___ months.

Rank / Name: _____

Commanding

Date: _____

TO: Commander, Company____, Troop Command, BAMC

1. I have reexamined the individual listed above and have found the cause of the overweight condition (is) (is not) due to a pathological disorder.
2. Additional Remarks:

MCHE-TC-_____

DATE _____

MEMORANDUM FOR _____, SS# _____, _____ Company, Troop Command BAMC

SUBJECT: Consideration for Separation from the Military Service

1. Based upon your performance in the Army Weight Control Program, you have failed to make satisfactory progress and / or attain the maximum allowable percent body composition standards of AR 600-9.
2. A Bar to Reenlistment is being initiated IAW AR 601-280.
3. You are being processed for separation from the service under the provisions of AR 635-200, Chapter 18.
4. You are required to report to BAMC for a medical evaluation and return the results to me.
5. You are required to respond to this notification in writing within five working days.

Commanding

MCHE-TC-_____

Date _____

FOR Commander, Company____, Troop Command BAMC

1. I understand I am being considered for separation from the military service IAW AR 635-200.
2. I understand I am being Barred from Reenlistment IAW AR 601-280.
3. I understand I am required to obtain a medical evaluation and return it to you.
4. I understand I must provide a written response to this consideration for separation within 5 days.

Signature: _____

Rank / Name: _____

SEPARATION LETTER TO SERVICE MEMBER