

**CONTINUATION ON ACTIVE DUTY/ACTIVE RESERVE (COAD/COAR) CHECKLIST**

*IAW AR 635-40, Soldiers found unfit by the Disability Evaluation System can apply for COAD/COAR. A COAD/COAR request is an exception to policy to the Physical Evaluation Board (PEB) decision to separate the Soldier from the service and must be fully justified. This COAD/COAR request is the last opportunity for a Soldier to provide justification why he/she should remain in the Army despite being found unfit for duty.*

Soldier Information:

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

CURRENT UNIT: \_\_\_\_\_ COMPO: \_\_\_\_\_

CURRENT UNIT POC/CONTACT INFO: \_\_\_\_\_

It is your responsibility as a Soldier to attain and submit these documents to your PEBLO within **Fourteen (14) Days** of final PEB finding. Your PEBLO is there to assist should you run into any issues. The Physical Disability Agency (PDA) will return without action any COAD/COAR packet with incomplete or missing documents.

<b>TAB A</b>	<b>Required Administrative Documents</b>
	Soldier COAD/COAR request Memorandum (Sample found in AR 635-40, Figure 6-1 and 6-2)
	PEBLO estimated Disability Compensation Worksheet (DA Form 5892)
	Pre-Injury OERs/NCOERs and/or Developmental Counseling – Last three (as applicable)
	Post-injury OERs/NCOERs and/or Developmental Counseling – Last three (as applicable)
	ORB/ERB/Personnel Qualification Record
	PDES Commander/s Performance & Functional Statement (DA Form 7652)
	<b>3</b> Letters of input to “retain” or “not retain”: <b>one must</b> be from current O6 Commander (O5 for ARNG COAR requests) in Soldier’s Chain of Command for all applicants. One from Sr NCO in Soldier’s Chain of Command if Soldier is an E4 or below.
	Officer, Warrant Officer, NCO, or civilian awards – pre/post injury
	Retirement points (NGB Form 23 or ARPC Form 249-2E) <b>COAR Only</b>
<b>TAB B</b>	<b>Required Medical Documents</b>
	PEB proceedings (DA Form 199)
	MEB proceedings (DA Form 3947) or appropriate Inter-service/Tri-service MEB
	MEB Narrative Summary (NARSUM) and addendums, if applicable
	Permanent physical profile (DA Form 3349) (include all profiles issued between injury/disease and submission of COAD/COAR packet)

By signing below:

I acknowledge that the information contained in this packet is correct and the best representation of my ability to perform within the limitations of my profile if I am approved for the COAD/COAR program.

I have been provided sufficient counsel on my compensation analysis.

Soldier Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR UTILIZATION PENDING DA FORM APPROVAL AND INCLUSION IN AR 635-40  
 POC: HQDA DCS G-1, MEDICAL POLICY OFFICER, 703-695-7874 - OR -  
[usarmy.pentagon.hqda-dcs-g-1.mbx.medical-policy@mail.mil](mailto:usarmy.pentagon.hqda-dcs-g-1.mbx.medical-policy@mail.mil)