

**COAST GUARD PHYSICAL DISABILITY EVALUATION BOARD  
STATEMENT OF RIGHTS OF EVALUEE**

**1. FULL AND FAIR HEARING**

A. Physical Evaluation Board is convened to evaluate the physical fitness of each individual appearing before it to perform the duties of his office, rank, grade or rating, and to make certain recommendations to the Commandant of the Coast Guard with regard to its findings. The findings of the Physical Evaluation Board are recommended findings, and the final decision in all cases rests with the Commandant.

B. Each individual appearing before a Physical Evaluation Board is entitled to a full and fair hearing before such a Board, comprising the following:

- (1) The right to be present in person during open sessions unless dismissed for contempt.
- (2) The right to question and challenge for cause; provided that the questioning and challenge relates to issues to be decided by the board;
- (3) The right to present and object to the admission of evidence (documentary, physical, testimony), that relates to the issues before the board (physical fitness and rating under VASRD);
- (4) The right to an appointed counsel or a counsel of my choice at my own expense;
- (5) The right to cross-examine witnesses;
- (6) The right to an audio copy of the proceedings, if requested;
- (7) The right to submit a rebuttal to the recommended findings within 15 days of the announcement of the recommended findings; and
- (8) The right to submit or make a statement under oath or affirmation.

C. You will be granted not less than three days, excluding Sundays and holidays, prior to the date of a formal hearing in which to prepare your case. You may waive any portion of this three day period if you elect.

**2. COUNSEL SELECTION**

YES	NO	DESCRIPTION (Check item a, or check and complete items b, c, and d)
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<input type="checkbox"/>	<input type="checkbox"/>	A. I REQUEST THAT COAST GUARD COUNSEL BY APPOINTED.
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<input type="checkbox"/>	<input type="checkbox"/>	B. I WILL OBTAIN CIVILIAN COUNSEL AT MY OWN EXPENSE, AS NAMED BELOW:
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C. NAME OF CIVILIAN COUNSEL	D. ADDRESS AND PHONE NUMBER OF CIVILIAN COUNSEL
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**3. DELAY OF FPEB**

YES	NO	DESCRIPTION (Check appropriate box)
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<input type="checkbox"/>	<input type="checkbox"/>	A. I REQUIRE THE THREE-DAY DELAY FOR THE PREPARATION OF MY CASE. (If answer is negative, I understand that I may be called anytime after demanding a hearing before the FPEB)
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**4. AUTHORIZATION TO RELEASE INFORMATION AND RECORDS**

I hereby authorize U.S. Coast Guard Personnel Command authority to release information contained in my medical record and PDR for the purpose of the Physical Evaluation Board. I may withdraw this authorization at any time except to the extent that action has been taken based on this authorization. I understand that this authorization shall expire, without my express revocation, 365 days from the date written below. And I do hereby agree that said U.S. Coast Guard Personnel Command and it's agents and members of its Command are free and harmless from any actions against it or them for alleged invasion of privacy, libel or slander, or defamation, arising in connection with the disclosure of such information.

DATE	TYPED NAME, GRADE/RATE AND COMPONENT	SIGNATURE
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