

ANNEX B TO EXORD 156-18: SFAB SELECTION CRITERIA AND ACCOMPANYING DA AND SF FORMS

1. (U) SFAB SELECTION CRITERIA.

1.A. (U//FOUO) ANY SOLDIER MAY VOLUNTEER FOR SFAB SERVICE PROVIDING THAT HIS/HER MOS AND GRADE ARE REQUIRED IN THE CURRENT SFAB MTOE OR AUG TDA. COMMANDERS WILL EXPEDITE VOLUNTEER REQUESTS TO HRC. SOLDIERS SUBMIT REQUEST TO VOLUNTEER VIA DA FORM 4187; FORMAT FOR SFAB REQUEST IN FIGURE 1.0. IMMEDIATE COMMANDERS WILL VERIFY INFORMATION IN SECTION IV (REMARKS), TO INCLUDE STANDARD FORM (SF) 600, FORMAT FOR SF 600 IN FIGURE 2.0 THAT CONFIRMS SOLDIER IS FULLY DEPLOYABLE IAW CURRENT CCMD GUIDANCE, AND RECOMMEND APPROVAL/DISAPPROVAL. THE SF 600 IS A LIST OF QUESTIONS PERTAINING TO THE OVERALL MEDICAL HEALTH OF THE APPLYING SOLDIER. THE FORM WILL BE COMPLETED AND VERIFIED BY THE SOLDIER'S MEDICAL PROVIDER, VERIFYING THE CENTCOM-SPECIFIC MEDICAL REQUIREMENTS ARE MET BY THE VOLUNTEER. ENDORSING COMMANDERS WILL INCLUDE UP TO THE BATTALION COMMANDER. COMMANDERS AT ALL ECHELONS WILL NEITHER APPROVE NOR DISAPPROVE ANY REQUEST FOR SFAB SERVICE. ENLISTED VOLUNTEERS WILL FORWARD ALL DA FORM 4187S AND SF 600S TO HRC (SFAB ACCOUNT MANAGERS) FOR INITIAL SCREENING. OFFICERS WILL UPLOAD THEIR DOCUMENTS INTO THE ASSIGNMENT INTERACTIVE MODULE (AIM2). THE LINK CAN BE ACCESSED AT THE HRC HOMEPAGE (SELF SERVICE TOOLS / RECORDS / AIM2).

1.B. (U//FOUO) SOLDIERS, NCOS AND OFFICERS WILL VOLUNTEER FOR ASSIGNMENT TO AN SFA UNIT AND ALL VOLUNTEERS MUST BE ABLE TO ACCOMPLISH THE FOLLOWING:

1.B.1. (U//FOUO) OBTAIN AND MAINTAIN A MINIMUM OF A SECRET CLEARANCE.

1.B.2. (U//FOUO) PASS THE ARMY PHYSICAL FITNESS TEST (APFT) IN CURRENT AGE GROUP WITH A MINIMUM SCORE OF 240 POINTS (WITH A MINIMUM OF 70 POINTS IN EACH EVENT) AND HAVE NO PERMANENT APFT-LIMITING PROFILES.

1.B.3. (U//FOUO) MUST MEET STANDARDS OF MEDICAL FITNESS FOR 111221 PULHES (2'S FOR VISION AND HEARING MUST BE CORRECTABLE), WHICH IS IN LINE WITH RANGER AND SPECIAL FORCES TRAINING AS SPECIFIED IN CHAPTER 5 OF AR 40-501.

1.B.4. (U//FOUO) MUST BE DEPLOYABLE UPON VOLUNTEERING AND BE ABLE TO MAINTAIN A DEPLOYABLE STATUS THROUGHOUT THE ASSIGNMENT.

2. (U) LANGUAGE REQUIREMENTS.

2.A. (U//FOUO) ACHIEVE MINIMUM SCORE OF 85 ON THE DEFENSE LANGUAGE APTITUDE BATTERY (DLAB) TEST FOR ALL POSITIONS CODED FOR SFA ASI'S. FOR ALL POSITIONS CODED FOR ASI AND LANGUAGE, ACHIEVE MINIMUM PROFICIENCY OF 1/1 MEASURED BY THE DEFENSE LANGUAGE PROFICIENCY TEST (DLPT) IN A REQUIRED LANGUAGE. ASSIGNMENT TO NON-LANGUAGE OR NON-ASI-CODED POSITIONS WILL NOT REQUIRE A DLAB SCORE FOR ASSIGNMENT.

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2.B. (U//FOUO) DLAB SCORE IS CURRENTLY WAIVED FOR 1ST, 2ND AND 3RD SFABS UNTIL SFAB FORCE GENERATION REACHES STEADY STATE. 4TH, 5TH, AND 54TH SFABS DLAB SCORE IS SUSPENDED UNTIL SENIOR ARMY LEADERS DETERMINE WHETHER OR NOT THESE THREE REMAINING SFABS CAN MEET THIS REQUIREMENT DUE TO AN ACCELERATED ACTIVATION.

2.C. (U//FOUO) VOLUNTEERS WITH A DOCUMENTED LANGUAGE PROFICIENCY OR A DOCUMENTED PROFICIENCY AS A NATIVE-SPEAKER FROM A DLI-APPROVED TEST ARE EXEMPT FROM THE DLAB REQUIREMENT FOR ASSIGNMENT. THE VOLUNTEER, HOWEVER, WILL STILL RECEIVE PROFICIENCY TESTING.

2.D. (U//FOUO) THERE IS NO LANGUAGE REQUIREMENT FOR MATA INSTRUCTORS OR FOR E-5 AND BELOW ASSIGNED TO AN SFAB NOT IN AN SFAB CODED ADVISOR POSITION.

2.E. (U//FOUO) DESIGNATED LANGUAGE TRAINING FOR 2ND SFAB WILL BE DARI/PASHTU. DESIGNATED LANGUAGES FOR 3RD - 6TH SFABS TBD.

2.F. (U//FOUO) ALL SFAB CODED POSITION MEMBERS SHOULD RECEIVE A MINIMUM OF TWO WEEKS OF LANGUAGE TRAINING. UPON STEADY-STATE ASSESSMENT, SELECTION, ASSIGNMENT, AND EMPLOYMENT OF SFABS, SFAB MEMBERS WILL RECEIVE EITHER TWO, EIGHT OR SIXTEEN WEEKS OF LANGUAGE TRAINING.

2.G. (U//FOUO) LANGUAGE TRAINING ALTERNATIVES MAY BE PROPOSED ON A CASE-BY-CASE BASIS WHERE SPECIFIC SFAB READINESS BUILD TIMELINES WILL NOT SUPPORT THE FULL LANGUAGE TRAINING REGIMEN. ALTERNATIVE LANGUAGE TRAINING PROGRAM RECOMMENDATIONS MUST BE APPROVED BY THE CSA.

2.H. (U//FOUO) VOLUNTEERS MUST PROVIDE THE FOLLOWING DOCUMENTATION TO HRC AS PART OF THE VOLUNTEER AND SCREENING PROCESS.

2.H.1. (U//FOUO) DA FORM 4187 SIGNED BY FIRST O5 COMMANDER.

2.H.2. (U//FOUO) SF FORM 600 SIGNED BY SOLDIERS SERVICING MEDICAL FACILITY.

2.I. (U//FOUO) ADDITIONAL CRITERIA FOR KEY LEADER POSITIONS:

2.I.1. (U) OFFICERS.

2.I.1.A. (U//FOUO) OFFICERS VOLUNTEERING FOR BRIGADE COMMAND MUST BE IN THE GRADE OF O-6, MUST BE CAREER FIELD 11 (INFANTRY), 18 (SPECIAL FORCES) OR 19 (ARMOR), AND MUST HAVE SUCCESSFULLY COMMANDED A BRIGADE WITHIN THEIR CMF.

2.I.1.B. (U//FOUO) OFFICERS VOLUNTEERING FOR BATTALION COMMAND MUST BE IN THE RANK OF LIEUTENANT COLONEL AND MUST HAVE SUCCESSFULLY COMMANDED A BATTALION WITHIN THEIR CMF.

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2.I.1.C. (U//FOUO) BATTALION COMMAND POSITIONS WILL BE CODED BRANCH-SPECIFICALLY, WITH THE EXCEPTION OF THE SFAB INFANTRY BATTALION, COMBINED ARMS BATTALION, AND CAVALRY SQUADRON, WHICH WILL BE CODED FOR CMFS 11, 18 AND 19.

2.I.1.D. (U//FOUO) OFFICERS VOLUNTEERING FOR ADVISOR COMPANY COMMAND POSITIONS MUST BE IN THE GRADE OF O-4 AND MUST HAVE SUCCESSFULLY COMMANDED A COMPANY WITHIN THEIR CMF AND SUCCESSFULLY COMPLETED A KD-PRODUCING ASSIGNMENT WITHIN THEIR CMF.

2.I.1.E. (U//FOUO) OFFICERS VOLUNTEERING FOR ADVISOR POSITIONS SHOULD BE IN THE GRADE OF O-3 AND MUST HAVE SUCCESSFULLY COMMANDED A COMPANY WITHIN THEIR CMF.

2.I.1.F. (U//FOUO) ADDITIONAL NON-COMMAND POSITIONS SHOULD, BUT NOT LIMITED TO, KD-COMPLETE OFFICERS. THESE POSITIONS ARE TO BE DETERMINED AND WILL BE DOCUMENTED ON THE MTOE.

2.I.2. (U) ENLISTED.

2.I.2.A. (U//FOUO) NCOS VOLUNTEERING FOR BRIGADE CSM POSITIONS MUST BE IN THE GRADE OF E-9, MUST BE CMF 11, 18 OR 19, AND MUST HAVE SUCCESSFULLY SERVED AS A TACTICAL BRIGADE COMMAND SERGEANT MAJOR WITHIN THEIR CMF.

2.I.2.B. (U//FOUO) NCOS VOLUNTEERING FOR BATTALION CSM POSITIONS MUST BE IN THE GRADE OF E-9 AND MUST HAVE SUCCESSFULLY SERVED AS A TACTICAL BATTALION CSM WITHIN THEIR CMF.

2.I.2.C. (U//FOUO) BATTALION CSM POSITIONS WILL BE CODED BRANCH-SPECIFICALLY SIMILAR TO BCT CODING, EXCEPT FOR THE SFAB INFANTRY BATTALION, COMBINED ARMS BATTALION, AND CAVALRY SQUADRON, WHICH WILL BE CODED FOR CMF 11, 18 AND 19.

2.I.2.D. (U//FOUO) NCOS VOLUNTEERING FOR COMPANY 1SG POSITIONS MUST BE IN THE GRADE OF E-8 AND MUST HAVE SUCCESSFULLY SERVED AS A COMPANY 1SG WITHIN THEIR CMF.

2.I.2.E. (U//FOUO) NCOS VOLUNTEERING FOR ADVISOR TEAM NCOIC POSITIONS MUST BE IN THE GRADE OF E-7 AND MUST HAVE SUCCESSFULLY SERVED AS A PLATOON SERGEANT WITHIN THEIR CMF.

2.I.2.F. (U//FOUO) THE FOLLOWING NON-CSM/1SG/NCOIC POSITIONS WILL ALSO REQUIRE BRANCH-QUALIFIED NCOS: FIRE SUPPORT NCO (13F40), TECHNICAL ENGINEER NCO (12T30) AND SUPPORT OPERATIONS SERGEANT (92A50). ADDITIONAL POSITIONS MAY ALSO REQUIRE KD-COMPLETE NCOS. THESE POSITIONS ARE TO BE DETERMINED AND WILL BE DOCUMENTED ON THE MTOE.

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2.I.3. (U//FOUO) WARRANT OFFICERS VOLUNTEERING FOR SFAB ASSIGNMENT MUST MEET THE SAME OVERALL SELECTION STANDARDS FOR ASSIGNMENT LISTED IN THE AFOREMENTIONED PARAGRAPHS.

3. (U) VETTING AND ASSESSMENT PROCESS.

3.A. (U//FOUO) ASSIGNMENT TO MTOE SFA UNITS IS ALL VOLUNTEER. INITIAL FILL OF THE SFAC WILL BE BY DIRECTED ASSIGNMENT BY HRC.

3.A.1. (U//FOUO) VETTING. VETTING IS DEFINED AS THE PROCESS OF SCREENING A VOLUNTEER TO ENSURE COMPLIANCE WITH ASSIGNMENT STANDARDS AND THE UNIT INTERVIEW PROCESS TO CONFIRM THE VOLUNTEER'S FITNESS FOR ASSIGNMENT TO AN SFA UNIT. HRC IS RESPONSIBLE FOR THE SCREENING PORTION OF THE VETTING PROCESS. FORSCOM IS RESPONSIBLE FOR DEVELOPING THE INTERVIEW STANDARDS (TO INCLUDE THE SFA UNIT RIGHT OF REFUSAL STANDARDS) FOR ASSIGNMENT TO SFA UNITS. TRADOC IS RESPONSIBLE FOR DEVELOPING INTERVIEW STANDARDS FOR ASSIGNMENT TO THE MATA.

3.A.2. (U//FOUO) HRC WILL SCREEN ALL VOLUNTEERS FOR COMPLIANCE WITH THE AFOREMENTIONED ASSIGNMENT SELECTION STANDARDS IN PARAGRAPH 3.A.1.

3.A.3. (U//FOUO) TRADOC (ICW HRC) IS RESPONSIBLE FOR VETTING ALL MILITARY MATA ASSIGNMENTS TO ENSURE INSTRUCTORS MEET ALL ASSIGNMENT CRITERIA. THE TRADOC COMMANDER IS THE WAIVER AUTHORITY FOR ASSIGNMENT TO THE MATA AND MAY DELEGATE THE AUTHORITY TO THE MCOE COMMANDER. TRADOC IS RESPONSIBLE FOR DEVELOPMENT AND EXECUTION OF THE VETTING PROCESS, AND DEVELOPMENT OF THE INTERVIEW STANDARDS. THE MATA COMMAND TEAM RETAINS THE RIGHT OF REFUSAL FOR ASSIGNMENT UPON COMPLETION OF THE UNIT INTERVIEW AND JUSTIFICATION TO THE TRADOC VETTING AUTHORITY.

3.A.4. (U//FOUO) FORSCOM (ICW HRC) IS RESPONSIBLE FOR VETTING ALL SFA UNIT ASSIGNMENTS TO ENSURE COMPLIANCE WITH ALL ASSIGNMENT CRITERIA. THE FORSCOM COMMANDER IS THE WAIVER AUTHORITY FOR ASSIGNMENT TO AN AC SFA UNIT. FORSCOM IS RESPONSIBLE FOR THE DEVELOPMENT AND EXECUTION OF THE VETTING PROCESS, AND DEVELOPMENT OF THE INTERVIEW STANDARDS. THE SFA COMMANDER RETAINS THE RIGHT OF REFUSAL FOR ASSIGNMENT UPON COMPLETION OF THE UNIT INTERVIEW AND JUSTIFICATION TO THE FORSCOM VETTING AUTHORITY.

3.A.5. (U//FOUO) ARNG IS RESPONSIBLE FOR VETTING ALL ARNG SFA UNIT ASSIGNMENTS TO ENSURE COMPLIANCE WITH ALL ASSIGNMENT CRITERIA. THE CHIEF, NATIONAL GUARD BUREAU IS THE WAIVER AUTHORITY FOR ASSIGNMENT TO THE ARNG SFAB, AND MAY DELEGATE THE AUTHORITY TO THE ARNG SFAB COMMANDER. THE ARNG IS RESPONSIBLE FOR THE DEVELOPMENT AND EXECUTION OF THE VETTING PROCESS, AND DEVELOPMENT OF THE INTERVIEW STANDARDS. THE ARNG SFAB COMMAND TEAM RETAINS THE RIGHT OF REFUSAL FOR ASSIGNMENT UPON COMPLETION OF THE UNIT INTERVIEW AND JUSTIFICATION TO THE ARNG VETTING AUTHORITY. THE DIRECTOR, ARMY NATIONAL GUARD IS THE WAIVER

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AUTHORITY FOR THE ASSIGNMENT TO THE ARNG SFAB, AND MAY DELEGATE THE AUTHORITY TO THE SFAB STATES.

3.A.6 (U) ASSESSMENT PROCESS.

3.A.6.A. (U//FOUO) SOLDIERS IN THE GRADE OF E7 AND ABOVE WHO HAVE VOLUNTEERED FOR SFAB SERVICE AND HAVE MET KEY DEVELOPMENTAL (KD) POSITION REQUIREMENTS FOR THEIR RESPECTIVE GRADES WILL NOT BE ASSESSED, HOWEVER, FINAL ACCEPTANCE FOR SFAB SERVICE WILL BE BY THE SFAB COMMANDER BASED ON EITHER AN IN-PERSON OR TELEPHONIC INTERVIEW.

3.A.6.B. (U//FOUO) ALL SOLDIERS E7 AND BELOW WHO HAVE NOT MET KD REQUIREMENTS WILL UNDERGO ASSESSMENT AT FORT BRAGG, NC BY THE XVIII ABN CORPS/SFAC SFAB INTEGRATING CELL.

3.A.6.C. (U//FOUO) ONLY IN AN ACCELERATED TIMELINE OF 12 MONTHS OR LESS, SFAB COMMANDER CAN WAIVE THE TWO-DAY SELECTION PROCESS FOR POST KD E6S AND ABOVE TO ATTEND CATC.

3.A.6.D. (U//FOUO) SOLDIERS WHO ARE ASSESS AND SELECTED FOR SFAB DUTY WILL BE ASSIGNED A REPORT DATE BY THE RESPECTIVE SFAB COMMANDER ICW XVIII ABN CORPS G1/SFAC G1 AND HRC. UPON RECEIPT OF PCS ORDERS, THE SOLDIER RECEIVES PRIORITY SUPPORT BY THE PARENT COMMAND AND LOCAL INSTALLATION AGENCIES IOT MEET REQUIRED REPORTING DATE. CRITICAL TRAINING OF SELECTEES IS THE CATC AT FORT BENNING, GA; CATC WILL BE SCHEDULED THROUGH ATRRS. ATTENDANCE AT THE CATC WILL BE IN TDY STATUS. FUNDING FOR CATC TDY WILL BE ONE OF THE FOLLOWING OPTIONS:

3.A.6.D.1. (U//FOUO) TDY ENROUTE. FUNDING THROUGH ARMY PCS ACCOUNT. SOLDIER AND LOSING COMMAND MUST ENSURE THAT PCS ORDER INCLUDES TDY ENROUTE AND ARTTS RESERVATION IS CODED APPROPRIATELY (AEE: ENLISTED ENROUTE; AOE: OFFICER ENROUTE).

3.A.6.D.2. (U//FOUO) TDY AND RETURN. THE SOLDIER'S REPORTING DATE MAY ALLOW FOR SOLDIER TO ATTEND CATC WHEN COURSE OPENING IS AVAILABLE PRIOR TO PCS DATE. FUNDING BY PARENT/LOSING COMMAND. SOLDIER AND PARENT COMMAND MUST ENSURE THAT ATRRS REQUEST IS CODED APPROPRIATELY (AER: ENLISTED TDY AND RETURN; AOR: OFFICERTDY AND RETURN).

4. (U) ASSIGNMENT TO A SFAB.

4.A. (U//FOUO) SERVICE MEMBERS SELECTED FOR ASSIGNMENT TO AN SFAB ARE AUTHORIZED TO BEGIN CLEARING THEIR LOSING UNIT AND INSTALLATION WITHOUT PERMANENT CHANGE OF STATION (PCS) ORDERS IOT EXPEDITE THEIR PCS AND ENABLE ATTENDANCE OF MANDATORY COMBAT ADVISOR TRAINING PRIOR TO THEIR DESIGNATED REPORT DATE.

4.B. (U//FOUO) SELECTED PERSONNEL RECEIVE A SIGNED MEMORANDUM FROM THE SFAB COMMANDER INDICATING THEIR PENDING ASSIGNMENT. THIS SIGNED

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MEMORANDUM AUTHORIZES THE SERVICE MEMBER TO BEGIN CLEARING IN THE  
ABSENCE OF PCS ORDERS.

4.C. (U//FOUO) MANDATORY COMBAT ADVISOR TRAINING INCLUDES THE FOLLOWING  
COURSES BASED ON PROJECTED DUTY POSITION WITHIN A SFAB.

4.C.1. (U//FOUO) COMBAT ADVISOR TRAINING COURSE (CATC) AT FORT  
BENNING, GA, FOR ADVISOR CODED BILLETTS.

4.C.2. (U//FOUO) TACTICAL COMBAT MEDICAL CARE COURSE (TCMC) AT JOINT  
BASE SAN ANTONIO, TX, FOR 68W40 AND ABOVE.

4.C.3. (U//FOUO) ENGINEER EXPLOSIVE ORDNANCE CLEARING AGENT (EEOCA)  
AT FORT LEONARD WOOD, MO, FOR 12B20 AND 12B30.

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| <b>PERSONNEL ACTION</b>   |  |   |
|---|--|---|
| For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.  |  |   |
| <b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>   |  |   |
| <b>AUTHORITY:</b> Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  |  |   |
| <b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  |  |   |
| <b>ROUTINE USES:</b> The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  |  |   |
| <b>DISCLOSURE:</b> Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.  |  |   |
| 1. THRU (Include ZIP Code)  | 2. TO (Include ZIP Code)<br>Commander, AHRC<br>Specific Branch Manager<br>1600 Spearhead Division Ave<br>Fort Knox, KY 40122 | 3. FROM (Include ZIP Code)<br>Soldier O5 Level Command<br>Address                     |
| <b>SECTION I - PERSONAL IDENTIFICATION</b>  |  |   |
| 4. NAME (Last, First, MI)<br>SOLDIER  | 5. GRADE OR RANK/PMOS/AOC<br>CPL/P/E4/92Y10 (EXAMPLE ONLY)   | 6. SOCIAL SECURITY NUMBER<br>111-11-1111  |
| <b>SECTION II - DUTY STATUS CHANGE (AR 600-8-6)</b>   |  |   |
| 7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____  |  |   |
| <b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>   |  |   |
| 8. I request the following action: (Check as appropriate)   |  |   |
| <input type="checkbox"/> Service School (Enl only)  | <input type="checkbox"/> Special Forces Training/Assignment  | <input type="checkbox"/> Identification Card  |
| <input type="checkbox"/> ROTC or Reserve Component Duty   | <input type="checkbox"/> On-the-Job Training (Enl only)  | <input type="checkbox"/> Identification Tags  |
| <input type="checkbox"/> Volunteering For Oversea Service   | <input type="checkbox"/> Retesting In Army Personnel Tests   | <input type="checkbox"/> Separate Rations   |
| <input type="checkbox"/> Ranger Training  | <input type="checkbox"/> Reassignment Married Army Couples   | <input type="checkbox"/> Leave - Excess/Advance/Outside CONUS                         |
| <input type="checkbox"/> Reassignment Extreme Family Problems   | <input type="checkbox"/> Reclassification  | <input type="checkbox"/> Change of Name/SSN/DOB                                       |
| <input type="checkbox"/> Exchange Reassignment (Enl only)   | <input type="checkbox"/> Officer Candidate School  | <input checked="" type="checkbox"/> Other (Specify)<br>SFAB ASSESSMENT/<br>ASSIGNMENT |
| <input type="checkbox"/> Airborne Training  | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members   |   |
| 9. SIGNATURE OF SOLDIER (When required)   |  | 10. DATE (YYYYMMDD)   |
| <b>SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)</b>   |  |   |
| 1. Security Force Assistance Brigade (SFAB) Selection Criteria:<br>a. Is the Soldier AR 600-9 compliant? Y/N<br>b. Is the Soldier fully deployable in accordance with current CENTCOM guidance? Y/N<br>c. Does the Soldier have any APFT-limiting profile? Y/N<br>d. Does the Soldier have a valid security clearance (Secret or higher)? Y/N (Level)<br>e. Is the Soldier's service record clear of any disciplinary issues or derogatory information within the last 3 years? Y/N (Remarks)<br>f. Does the Soldier's manner of performance reflect a high performance with strong potential? Y/N (Remarks)<br>g. Does the Soldier have previous Security Force Assistance experience (not a dis-qualifier)? Y/N (When/Where)<br>h. Is the Soldier Key and Developmental complete (Officers/NCOs only)? Y/N (Position)<br>i. Does the Soldier have prior successful command team (Brigade/Battalion/Company) service (SFC and above )? Y/N (Level) |  |   |
| 2. Soldier is prepared to attend the SFAB assessment at the scheduled assessment time to be coordinated with the SFAB team.<br>Soldier email address: XXX@XXXX.XXX<br>Soldier contact number: XXX-XXX-XXXX  |  |   |
| 3. Soldier acknowledges by his/her signature in BLOCK 9 that he/she understands that if selected for assignment to the SFAB they will proceed immediately for expeditious assignment instructions to report in accordance with the report no later than date determined by the SFAB Commander.  |  |   |
| <b>SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL</b>   |  |   |
| 11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -<br><input type="checkbox"/> HAS BEEN VERIFIED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED   |  |   |
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE<br>O5 Level Commander   | 13. SIGNATURE<br>  | 14. DATE (YYYYMMDD)   |

Figure 1.0 DA Form 4187

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|                       |   |
|-----------------------|---|
| <b>MEDICAL RECORD</b> | <b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b> |
|-----------------------|---|

**PRIVACY ACT STATEMENT:** This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

|  |   |                         |                       |
|--|---|-------------------------|-----------------------|
| DATE   | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>                    |                         |                       |
|  | Security Force Assistance Brigade (SFAB) Applicant Medical Screening Form                         |                         |                       |
|  | I, the below signed medical provider, certify that this Service Member's (SM)                     |                         |                       |
|  | medical record has been screened and their health history has been reviewed.                      |                         |                       |
|  | After evaluating the member using the criteria below and the Minimal Standards of Fitness For     |                         |                       |
|  | Deployment to the CENTCOM AOR criteria put forth in CENTCOM MOD 13                                |                         |                       |
|  | PPG-Tab A, I find the member free of limiting conditions which would prevent assignment to and/or |                         |                       |
|  | worldwide deployment with an SFAB unit. (sign in blocks on page 2).                               |                         |                       |
|  | 1. The SM will have a minimum PULHES of 111221.   |                         | Y / N                 |
|  | 2. The SM is not currently pregnant.  |                         | Y / N                 |
|  | 3. If urgent care is sought after clearance is completed, SM must be re-cleared.                  |                         |                       |
|  | 4. SM meets all minimum standards of fitness for deployment as described in                       |                         |                       |
|  | CENTCOM MOD 13 PPG-Tab A in the following areas:  |                         |                       |
|  | a. Asthma   |                         | Y / N                 |
|  | b. Seizure disorder   |                         | Y / N                 |
|  | c. Diabetes Mellitus  |                         | Y / N                 |
|  | d. Is SM on any medication that is not on the CENTCOM formulary?                                  |                         | Y / N                 |
| HOSPITAL OR MEDICAL FACILITY   | STATUS  | DEPARTMENT/SERVICE      | RECORDS MAINTAINED AT |
| SPONSOR'S NAME   | SOCIAL SECURITY/ID NUMBER   | RELATIONSHIP TO SPONSOR |                       |
| PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)</i> |   | REGISTER NUMBER         | WARD NUMBER           |

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
 Medical Record  
**STANDARD FORM 600** (REV. 11/2010)  
 Prescribed by GSA/ICMR  
 FIRMR (41 CFR) 201-9,202-1

PREVIOUS EDITION IS NOT USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

Figure 2.0 SF 600, page 1.



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| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>   |
|------|--|
|      | Security Force Assistance Brigade (SFAB) Applicant Medical Screening Form, page 2  |
|      | e. History of heat stroke Y / N  |
|      | f. Meniere's disease or other vertiginous/motion sickness disorder Y / N   |
|      | g. Recurrent syncope Y / N   |
|      | h. Endocrine conditions Y / N  |
|      | i. Musculoskeletal conditions which impair duty performance Y / N  |
|      | j. Migraine headache frequent/severe enough to disrupt normal duty performance Y / N   |
|      | k. Nephrolithiasis, more than 1 episode in the last year Y / N   |
|      | l. Obstructive sleep apnea that requires duty limitation. Y / N  |
|      | m. Traumatic brain injury in treatment or failed to complete treatment Y / N   |
|      | n. BMI > 35 Y / N  |
|      | o. Cardiovascular conditions including hypertension and hyperlipidemia Y / N   |
|      | p. Infectious disease including hepatitis, HIV, tuberculosis Y / N   |
|      | q. Uncorrected vision and / or hearing loss, refractive eye surgery recovery Y / N   |
|      | r. Cancer Y / N  |
|      | s. Recent surgery not cleared by specialty service to fully RTD Y / N  |
|      | t. Psychiatric conditions as described in Para 7.H. of CENTCOM MOD 13 Y / N  |
|      | y. Medication usage as described in Para 7.G. of CENTCOM MOD 13 Y / N  |
|      | 5. If the examining provider feels specialty provider consultation needed to clear the SM for deployability this consultation/clearance must be pursued/obtained prior to packet submission. |
|      | 6. If SM elects to pursue CENTCOM MOD 13 deployment waiver, this waiver must be processed by the losing unit and included in the SM's application packet.                                    |
|      | 7. Once completed this form will accompany the SM's application packet and should be scanned into his/her electronic medical record.   |
|      | Both blocks below must be signed. SM is / is not (circle one) deployable per CENTCOM MOD 13 criteria.  |
|      | PCM Sign and Stamp _____   |
|      | Specialty Provider Sign and Stamp _____  |
|      | (May be PCM if no Specialty Consultation Needed)   |

STANDARD FORM 600 (REV. 11/2010) BACK

Figure 2.0 (cont) SF 600, page 2.