

SECTION III - STATEMENT OF COMPLETE AND CURRENT STR

20. All available military Service Treatment Records (STR) for the Service member identified above are forwarded to the VA Military Services Coordinator (MSC) as directed by DoDI 1332.18-Volume II (Disability Evaluation System (DES) Manual; Integrated Disability Evaluation System (IDES)), Appendix 4 to Enclosure 4.

The STR provided with this form contains a complete history of documented healthcare, including entrance and applicable exit physicals, and healthcare documented from the electronic health record (CHCS, AHLTA, or equivalent) systems. TRICARE network, and dental system of record for those cases referred for a dental condition

WITHOUT known exception (skip blocks 21 and 22)

WITH exception (complete blocks 21 and 22)

21. DESCRIPTION OF MISSING STR *(If any)*

22. ACTION(S) TAKEN TO OBTAIN MISSING STR *(Provide detailed description of all efforts and outcomes, to include the date of all activity; continue below if necessary.)*

23. PEBLO SIGNATURE

24. DATE SIGNED *(MM/DD/YYYY)*

SECTION IV - REMARKS

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.