

Purple Heart for Mild Traumatic Brain Injuries (MTBI) Checklist

Date:

Name: _____ **Rank:** _____ **Last4:** _____ **Unit:** _____ **UIC:** _____

| Supporting Documents Required | | |
|--|--|--------------------------|
| 1. DA Form 4187 (Unit) | | <input type="checkbox"/> |
| 2. Chain of Command Endorsement (Unit) | | <input type="checkbox"/> |
| 3. Deployment Order (SM) | | <input type="checkbox"/> |
| 4. Officer Record Brief/Enlisted Records Brief (Unit) | | <input type="checkbox"/> |
| 5. Narrative (one page, quantifiable conditions) (SM) | | <input type="checkbox"/> |
| 6. Witness Statements DA 2823, (two individuals, w/knowledge of incident, present, or observed) (SM) | | <input type="checkbox"/> |
| 7. Casualty Report (SM) | | <input type="checkbox"/> |
| 8. SF 600 (Chronological Record of Medical Care, Misc. medical care/supporting documents) (SM) | | <input type="checkbox"/> |
| 9. DD Form 214 (Release/Discharge from Active Duty) (Unit) | | <input type="checkbox"/> |
| 10. AAG Endorsement Memorandum (JFHQ) | | <input type="checkbox"/> |

| | Approve | Disapprove | Signature |
|-----------------------------------|--------------------------|--------------------------|------------------|
| Unit | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| BN | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| MSC | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| OPM | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Assistant Adjutant General | <input type="checkbox"/> | <input type="checkbox"/> | _____ |