

HIARNG MAR2 DOCUMENT CHECKLIST

No other MAR2 Document Checklist is authorized. Deviation from the below order of documents is not authorized. Failure to provide all required documentation (to include memorandums of non-availability) will result in the case being returned without action.

DO NOT SEND WITH THE INTENT OF FORWARDING MISSING DOCUMENTS AT A LATER DATE

** MAR2 Documents to be completed by HIARNG

1. **	HIARNG MAR2 Proceeding
2. **	HIARNG Surgeon Opinion
3. **	Notification of MAR2 Decision
4.	Soldier Acknowledgment of MAR2 Decision

REQUIRED DOCUMENTS

1.	DA Form 4856 (Developmental Counseling. Subject: Referral to Military Occupational Specialty (MOS) Medical Administrative Retention Review (MAR2) under Army Regulation 635-40, chapter 3)
2.	DA Form 3349 (Physical Profile) Must be dated within 12 months of referral to MAR2 <i>Profiles for hearing must include a copy of the Military Occupational Hearing Test (MOHT) in noise test conducted within 12 months of MAR2 referral</i>
3.	Soldier's Statement Soldier's statement is voluntary and should focus on their ability to perform all required duties in a field or deployed environment based on their physical limitations
4.	Company Commander's Statement Provides a recommendation regarding the Soldier's ability to perform their current PMOS or AOC, to include in a field or deployed environment, based on the Soldier's physical limitations, and the Soldier's potential for reclassification or branch transfer
5.	MSC/Battalion (O-5 or higher) Commander's Statement Expresses whether the MSC/battalion commander agrees with the company commander's assessment/recommendation
6.	Other Supporting Documentation Any additional supporting documentation the Soldier or command would like to provide to support statements provided
7.	Military Occupational Hearing Test (MOHT) Results – <u>H3 profiles ONLY</u>
8.	DA Form 7655 (Armed Forces Eye and Vision Readiness Summary) – <u>E3 Profiles ONLY</u>

Last Name: _____	First Name: _____	Rank/Grade: _____
Soldier's Home Phone: _____		
Unit Name & Address _____		
Unit POC Name: _____		
Reviewing Officer/NCOIC Signature: _____		