Fillable Form

Supporting Directive BUPERSINST 1000.22B

PSEUDOFOLLICULITIS BARBAE (PFB) SHAVING WAIVER/EVALUATION/DISPOSITION

LAST NAME FIRST NAME M.I.	**SSN***(LAST 4 DIGITS)*

MEDICAL OFFICER INITIAL EVALUATION

- ☐ No PFB or other medical condition that prevents shaving
- ☐ Pseudofolliculitis Barbae (PFB)
- ☐ Facial Nodulocystic Acne
- ☐ Other:

NAME OF MEDICAL OFFICER/RANK	**SIGNATURE/DATE**

Due to the medical condition as specified above NO SHAVING of facial hair is recommended on a temporary basis for:

SPECIFY PERIOD OF TIME	**TITLE/SIGNATURE/DATE**

MEDICAL OFFICER/SMDR DOCUMENTATION FOR PFB PROTOCOL COMPLETION:

☐ PHASE I _____
SIGNATURE/TITLE/DATE

☐ PHASE II _____
SIGNATURE/TITLE/DATE

☐ PHASE III _____
SIGNATURE/TITLE/DATE

☐ PHASE IV _____
SIGNATURE/TITLE/DATE

FAILURE OF PFB PROTOCOL RECOMMENDATION

This Navy service member has failed the established PFB protocol. A permanent "NO SHAVE" status is recommended.

SIGNATURE/TITLE	**DATE**

COMMANDING OFFICER DECISION

- ☐ A permanent "NO SHAVING" status is authorized.
- ☐ Refer to NAVPERSCOM (PERS-83) for Administrative Separation

NAME/RANK/TITLE	**SIGNATURE/DATE**

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