

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: <i>(Description in lay terminology)</i> <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?	2. CODES <i>(Table 7-2 AR 40-501)</i>	3. Temporary Permanent	P U L H E S												
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 15px;"><input type="checkbox"/></td> <td style="width: 12.5%;"><input type="checkbox"/></td> <td style="width: 12.5%;"><input type="checkbox"/></td> <td style="width: 12.5%;"><input type="checkbox"/></td> <td style="width: 12.5%;"><input type="checkbox"/></td> <td style="width: 12.5%;"><input type="checkbox"/></td> </tr> <tr> <td style="height: 15px;"><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE <i>(Expiration date YYYYMMDD)</i> <i>(Limited to 3 months duration)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. PERMANENT PROFILE <i>(Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)</i>	<input type="checkbox"/>	<input type="checkbox"/>

5. FUNCTIONAL ACTIVITIES THAT EVERY SOLDIER REGARDLESS OF MOS MUST BE ABLE TO PERFORM. IF SOLDIER CANNOT PERFORM ANY ONE OF THESE TASKS, THEN THE PULHES MUST CONTAIN AT LEAST ONE "3" AND SOLDIER MUST BE REFERRED TO A MEB. CAN THE SOLDIER:

FUNCTIONAL ACTIVITY:	YES	NO
a. Carry and fire individual assigned weapon?	<input type="checkbox"/>	<input type="checkbox"/>
b. Evade direct and indirect fire?	<input type="checkbox"/>	<input type="checkbox"/>
c. Ride in a military vehicle for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
d. Wear a helmet for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
e. Wear body armor for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
f. Wear load bearing equipment (LBE) for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
g. Wear military boots and uniform for at least 12 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
i. Move 40lbs (for example, duffle bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards?	<input type="checkbox"/>	<input type="checkbox"/>
j. Live in an austere environment without worsening the medical condition?	<input type="checkbox"/>	<input type="checkbox"/>

6. APFT	YES	NO	ALTERNATE APFT <i>(Fill out if unable to do APFT run otherwise N/A)</i>	N/A	YES	NO
2 MILE RUN	<input type="checkbox"/>	<input type="checkbox"/>	APFT WALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APFT SIT-UPS	<input type="checkbox"/>	<input type="checkbox"/>	APFT SWIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APFT PUSH UPS	<input type="checkbox"/>	<input type="checkbox"/>	APFT BIKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?

YES NEEDS MMRB
 NO NEEDS MEB

8. FUNCTIONAL LIMITATIONS AND CAPABILITIES AND OTHER COMMENTS:

This temporary profile is an extension of a temporary profile first issued on _____

9. NAME, GRADE & TITLE OF PROFILING OFFICER	10. SIGNATURE	11. DATE (YYYYMMDD)
12. NAME & GRADE OF APPROVING AUTHORITY	13. SIGNATURE	14. DATE (YYYYMMDD)

15. Commanders can access the electronic profiles of Soldiers in their unit(s) by going to <http://www.mods.army.mil/> and clicking on eProfile in the list of applications. Commanders will be required to register and be approved in eProfile before they can gain access to profiles.

16. PATIENT'S IDENTIFICATION a. NAME: <i>(Last, First)</i> _____ b. GRADE/RANK: _____ c. SSN: _____ d. UNIT: _____	17. HOSPITAL OR MEDICAL FACILITY 18. PROFILING OFFICER E-MAIL
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PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 8)