

PHYSICAL PROFILE

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

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 7-2 AR 40-501)		3. Temporary Permanent		P	U	L	H	E	S
						<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 (Expiration date YYYYMMDD) (Limited to 3 months duration)						<input type="checkbox"/>	<input type="checkbox"/>				
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)						<input type="checkbox"/>	<input type="checkbox"/>				
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)						Needs MMRB	Needs MEB/FEB				
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)											
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON						<input type="checkbox"/>	<input type="checkbox"/>				
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)						<input type="checkbox"/>	<input type="checkbox"/>				
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT						<input type="checkbox"/>	<input type="checkbox"/>				
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)						<input type="checkbox"/>	<input type="checkbox"/>				
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE						<input type="checkbox"/>	<input type="checkbox"/>				
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?						<input type="checkbox"/>	<input type="checkbox"/>				
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)		YES	NO				
2 MILE RUN		<input type="checkbox"/>	<input type="checkbox"/>	APFT WALK		N/A	<input type="checkbox"/>	<input type="checkbox"/>			
APFT SIT-UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT SWIM		N/A	<input type="checkbox"/>	<input type="checkbox"/>			
APFT PUSH UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT BIKE		N/A	<input type="checkbox"/>	<input type="checkbox"/>			
7. STANDARD <u>OR</u> MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)											
UNLIMITED RUNNING		<input type="checkbox"/>	<input type="checkbox"/>	OR RUN AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED WALKING		<input type="checkbox"/>	<input type="checkbox"/>	OR WALK AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED BIKING		<input type="checkbox"/>	<input type="checkbox"/>	OR BIKE AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED SWIMMING		<input type="checkbox"/>	<input type="checkbox"/>	OR SWIM AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)		<input type="checkbox"/>	<input type="checkbox"/>	9. LOWER BODY WEIGHT TRAINING (See FM 21-20)		<input type="checkbox"/>	<input type="checkbox"/>				
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2)						11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED Lifting or carrying max weight _____ or _____ distance _____ Running maximum distance _____ Prolonged standing - maximum time per episode _____ Marching with standard field gear except rucksack max distance _____ Impact activities such as jumping max # reps in one day _____					
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____											
12. TYPE NAME & GRADE OF PROFILING OFFICER				13. SIGNATURE				14. DATE (YYYYMMDD)			
15. ACTION BY APPROVING AUTHORITY				APPROVED				NOT APPROVED			
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY				17. SIGNATURE				18. DATE (YYYYMMDD)			
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)						YES	NO				
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT						<input type="checkbox"/>	<input type="checkbox"/>				
20. COMMENT											
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c											
21. TYPE NAME & GRADE OF UNIT COMMANDER				22. SIGNATURE				23. DATE (YYYYMMDD)			
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)				25. UNIT				26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER			
				PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.							

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 10)