Physical Profiles Retention Standards and Narrative Summaries

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OTSG

First Things First

If a Soldier is in the care of a CBHCO, that Soldier

must have

a profile.

CBHCO Medical Officer Responsibilities

- Maintain appropriate licensure and credentials;
  - Submit documentation to supporting MEDCEN credentials office
- Determine if patient is acceptable for CBHCO
- Develop treatment plan for each patient
  - Document in Outpatient Treatment Record
- Quality of care for all CBHCO patients
- Medical supervision of Case Managers
- Approval of all referrals for CBHCO Soldiers
- Communicate with physicians and other healthcare providers caring for CBHCO Soldiers

CBHCO Medical Officer Responsibilities, Cont'd

- Review each case at least monthly
  - Document review in outpatient treatment record.
  - Include summary of referrals and diagnostic tests.
    - (Case manager will review / document at least weekly)
- Temporary profiles for CBHCO Soldiers
- Initiate and / or modify permanent profiles
- Prepare / review / approve physicals
- Dictate narrative summaries / initiate medical evaluation boards
- Determination of Optimum Therapeutic Benefit
- Correct medical deficiencies in MEB's as determined by the Physical Evaluation Board

AGENDA

- Learning by Examples
  - Cases
    - Things you are likely to see
- Profiles
  - DA Form 3349
    - Temporary and Permanent
- Standards for Retention
  - AR 40-501, Chapter 3
    - Who needs a Medical Evaluation Board
- Initiating the Medical Evaluation Board
  - AR 40-400, Chapter 7
    - The Narrative Summary

Example

- 44 year old white male
- Civilian occupation – bank teller
- Military occupation – combat engineer in a heavy bridge company
- Chief Complaint – sore right shoulder
  - Hurts to work overhead, hurts to reach into the back seat of his car, hurts to lie on right shoulder at night
  - Does “OK” with load bearing equipment
  - Hurts to wear a rucksack with more than 30 pounds in it

- What does he have?
- Does he need a profile?
  - Temporary or Permanent?
- What else would you like to know?

Example, Shoulder Impingement, Continued

- Has had this condition for 6 years
  - Has had two courses of physical therapy
    - 6 weeks each
  - Does not want surgery
  - Is tired of putting up with the pain
  - Is embarrassed by the fact that other Soldiers in his company have to “pick up his slack”
- What else would you like to know?

Example, Shoulder Impingement, Continued

- On exam
  - Point tenderness at the subacromial bursa
  - Pain with abduction
    - Cannot raise his arm far enough to be parallel to the floor
  - Pain with external rotation
  - Pain with resistance maneuvers of the supraspinatus
- Write his profile

PHYSICAL PROFILE

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

1. MEDICAL CONDITION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

CODES

4. THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to _____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S
☐ MILITARY OCCUPATIONAL SPECIALTY ☐ DUTY ASSIGNMENT BECAUSE:

TYPED NAME AND GRADE OF UNIT COMMANDER	SIGNATURE	DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)*

UNIT

ISSUING CLINIC AND PHONE NUMBER

DISTRIBUTION
UNIT COMMANDER - ORIGINAL & 1 COPY
HEALTH RECORD JACKET - 1 COPY
CLINIC FILE - 1 COPY
MILPO - 1 COPY

DA FORM 3349, MAY 86 REPLACES DA FORM 5302-R (TEST) DATED FEB 84 AND DA FORM 3349 DATED 1 JUN 80, WHICH ARE OBSOLETE

USAPPC V1.00

PHYSICAL PROFILE

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1. MEDICAL CONDITION: *(Description in lay terminology)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)* _____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
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/PEB

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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

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 _____

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		

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

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1. MEDICAL CONDITION: *(Description in lay terminology)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)*_____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
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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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED

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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 _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. ACTION BY APPROVING AUTHORITY		APPROVED		NOT APPROVED

PHYSICAL PROFILE - PAGE 2 *(OPTIONAL)*

PATIENT'S NAME	DATE *(YYYYMMDD)*

CONTINUATION *(From page 1, Item 10)*

impact activities such as jumping max # reps in one day _____

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

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		

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
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Army Regulation 40–501

Medical Services

Standards of Medical Fitness

- **Chapter 1**

- **General Provisions**
- **1–1. Purpose**
  - This regulation governs—
  - *b.* Medical fitness standards for retention and separation, including retirement.
  - *e.* Physical profiles.
  - *f.* Medical examinations.

- **Available on the Web at www.usapa.army.mil**

- **Chapter 7**
- **Physical Profiling**
  - **7–1. General**
    - This chapter prescribes a system for classifying individuals according to functional abilities.
    - See also paragraphs 3–25, 3–27, 3–30, 3–45, and 3–46 for additional guidance on coronary artery disease, asthma, seizure disorders, and heat and cold injuries.

- **7–3. Physical profile serial system**

  - *a.* The physical profile serial system is based primarily upon the function of body systems and their relation to military duties.
  - *b.* … the functions have been considered under six factors designated “P–U–L–H–E–S.”
    - …the functional capacity of a particular organ or system of the body, RATHER THAN THE DEFECT PER SE, will be evaluated in determining the numerical designation
      - 1, 2, 3, or 4.

- *c.* The factors to be considered are as follows:

  - (1) **P**—Physical capacity or stamina.
  - (2) **U**—Upper extremities.
  - (3) **L**—Lower extremities. (includes lower back)
  - (4) **H**—Hearing and ears.
  - (5) **E**—Eyes. …visual acuity and diseases and defects of the eye.
  - (6) **S**—Psychiatric. … personality, emotional stability, and psychiatric diseases.

- “1” under all factors… high level of medical fitness.

- “2” under any or all factors… some medical condition or physical defect that may require some activity limitations.

- … one or more numerical designators of “3”… one or more medical conditions or physical defects… significant limitations… should receive assignments commensurate with his or her physical capability for military duty.

- … one or more numerical designators of “4” indicates medical conditions or physical defects of such severity that performance of military duty must be drastically limited.

- Profiles must be realistic, legible, specific, written in lay terms

- (1) Determination of individual assignment or duties to be performed are **command**/administrative matters.

  - Limitations such as “no field duty,” or “no overseas duty,” **are not proper medical recommendations**.

- (2) It is the **responsibility of the commander** or personnel management officer to determine proper assignment and duty, based upon knowledge of the soldier’s profile, assignment limitations, and the duties of his or her grade and MOS.

- **7–4. Temporary vs. permanent profiles**

- (2) Temporary profiles should specify an expiration date. If no date is specified, the profile will <u>automatically</u> expire at the end of the third month.

  - **<u>In no case</u>** will individuals in military status carry a temporary profile that has been extended for more than 12 months… without positive action being taken… or… appropriate disposition.
    - "This temporary profile is an extension of a temporary profile first issued on (date)."
    - "This temporary profile is in addition to profile issued on (date)

- *a. Permanent profiles.* A profile is… permanent (if the Soldier fails to) meet the medical retention standards of chapter 3.
- This is especially important when the profile includes limitations that prohibit the soldier from performing an alternate APFT, from wearing a protective mask, from wearing Kevlar, from firing a rifle, or from wearing load bearing equipment or lifting weights required of the MOS.
- (2) **Failure to meet chapter 3 standards requires referral to an MEB/PEB.**
- (3) Permanent profiles may be amended at any time if clinically indicated and will automatically be reviewed at the time of a soldier's periodic examination.
- (4) The soldier's commander may also request a review of a permanent profile in accordance with paragraph 7–12.

- Approval Authority for Temporary Profile
  - Any physician
    - Up to 90 days at a time
      - No more than 12 months cumulative

- Approval Authority for Permanent Profile
  - Requires two physicians' signatures
    - Any physician for 1st signature
    - JFHQ Surgeon or his / her specified designee for 2nd

PHYSICAL PROFILE

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1. MEDICAL CONDITION: *(Description in lay terminology)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)*_____ *(Limited to 3 months duration)*		
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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/PEB

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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
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8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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Marching with standard field gear except rucksack max distance _____
Impact activities such as jumping max # reps in one day _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. ACTION BY APPROVING AUTHORITY	☐	APPROVED	☐	NOT APPROVED

Example, Shoulder Impingement, Continued

- Does he need a Medical Evaluation Board ?
  - Chapter 3 AR 40-501
- **3–12. Upper extremities**
- The causes for referral to an MEB are as follows (see also para 3–14):
  - *a.* Amputation of part or parts of an upper extremity equal to or greater than—
    - (1) A thumb proximal to the interphalangeal joint.
    - (2) Two fingers of one hand, other than the little finger, at the proximal interphalangeal joints.
    - (3) One finger, other than the little finger, at the metacarpophalangeal joint and the thumb of the same hand at the
    - interphalangeal joint.
  - *b.* Joint ranges of motion which do not equal or exceed the measurements listed below. Measurements must be made with a goniometer and conform to the methods illustrated and described in TC 8–640.

- (1) **Shoulder—forward elevation to 90 degrees, or abduction to 90 degrees.**
- (2) Elbow—flexion to 100 degrees, or extension to 60 degrees.
- (3) Wrist—a total range extension plus flexion of 15 degrees.
- (4) Hand (for this purpose, combined joint motion is the arithmetic sum of the motion at each of the three finger joints (TC 8–640))—an active flexor value of combined joint motions of 135 degrees in each of two or more fingers of the same hand, or an active extensor value of combined joint motions of 75 degrees in each of the same two or more fingers, or limitation of motion of the thumb that precludes opposition to at least two finger tips.

– *c.* Recurrent dislocations of the shoulder, when not repairable or surgery is contraindicated.

- Suppose our Soldier is overweight because of his medical condition.
  - Can we write him a profile excusing him from the overweight program?

No, We Can't !

- **7–13. Physical profile and the Army Weight Control Program**

- **DA Form 3349 will not be used to excuse soldiers from the provisions of AR 600–9.**

- AR 600–9 contains a standard memorandum for completion by a physician if there is an underlying or associated disease process that is the cause of the overweight condition.

- The inability to perform all APFT events or the use of certain medications is not generally considered sufficient medical rationale to exempt a soldier from AR 600–9.

Who Requires a Medical Evaluation Board ?

- AR 40-501, Chapter 3
- **3–1. General** This chapter gives the various medical conditions and physical defects which may render a soldier unfit for further military service…
- **3–4. General policy** Possession of one or more of the conditions listed in this chapter does not mean automatic retirement or separation from the Service. Physicians are responsible for referring soldiers with conditions listed below to an MEB.
- It is critical that MEBs are complete and reflect all of the soldier's medical problems and physical limitations.
- The PEB will make the determination of fitness or unfitness. The PEB, under the authority of the U.S. Army Physical Disability Agency, will consider the results of the MEB, as well as the requirements of the soldier's MOS, in determining fitness.

- **It is critical that MEBs are complete and reflect all of the soldier’s medical problems and physical limitations.**

- **The PEB will make the determination of fitness or unfitness.**

Next Case

- 28 yo WF with knee pain that began after jumping from HMMWV during roadside bombing.
  - Getting worse, especially with running or stairs
  - Feels like it wants to lock up

  - Exam reveals joint line tenderness to palpation
  - Flexion limited to 45 degrees
  - Prominent “click” on McMurray maneuver

- What does she have ?

- Temporary or Permanent Profile ?

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6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
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APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

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 _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. ACTION BY APPROVING AUTHORITY		APPROVED		NOT APPROVED

Lower Extremity Case, Cont'd

- Does she require a MEB?
- **Not yet !**
  - PT x 6 wks, very little improvement
  - MRI confirms medial meniscus tear
  - Arthroscopic surgery cleans up the tear
  - PT x 6 wk, some improvement
    - Still has pain with attempts to run
    - Can get knee to 85 degrees flexion
      - *As measured with goniometer*
- Does she need a permanent profile?
- Does she require a MEB?

Lower Extremity Case, Cont'd

- **3–13. Lower extremities**
- The causes for referral to an MEB are as follows (see also para 3–14):
  - *a.* Amputations… (Walter Reed amputee clinic)
  - *b.* Feet.
    - (1) Hallux valgus when moderately severe, with exostosis or rigidity and pronounced symptoms; or severe with arthritic changes.
    - (2) Pes planus, when symptomatic, more than moderate, with pronation on weight bearing which prevents the wearing of military footwear, or when associated with vascular changes.

- (3) Pes cavus when moderately severe, with moderate discomfort on prolonged standing and walking, metatarsalgia, and which prevents the wearing of military footwear.

- (5) Plantar fascitis or heel spur syndrome that is refractory to medical or surgical treatment, interferes with the satisfactory performance of military duties, or prevents the wearing of military footwear.

- (6) Hammertoes, severe, that precludes the wearing of appropriate military footwear, refractory to surgery, or interferes with satisfactory performance of duty.

- *c.* Internal derangement of the knee.
  - **(1) Residual instability following remedial measures, if more than moderate in degree.**
  - (2) If complicated by arthritis, see paragraph 3–14*a*.

- *d.* Joint ranges of motion. Motion that does not equal or exceed the measurements listed below.
  - Measurements must be made with a goniometer and conform to the methods illustrated and described in TC 8–640.

- (1) Hip—flexion to 90 degrees or extension to 0 degree.

- **(2) Knee—flexion to 90 degrees or extension to 15 degrees.**

- (3) Ankle—dorsiflexion to 10 degrees or planter flexion to 10 degrees.

– *e.* Shortening of an extremity that exceeds 2 inches.

– *f.* Recurrent dislocations of the patella.

Next Case

- 55 yo African American male
  - Presented to aid station for minor laceration, but would not stop bleeding
  - “Dang, Sarge, why won’t you stop bleeding ?”
  - “You think maybe it could have something to do with my Coumadin ? They said I might bleed a little easier after I started taking it.”
  - MEDEVAC’d
  - History, Physical, and EKG consistent with chronic a-fib.
  - Patient is otherwise asymptomatic.

  - Should he have deployed in the first place ?
  - Does he need a profile and / or MEB ?

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)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)*_____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
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/PEB

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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD *OR* MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

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 _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. ACTION BY APPROVING AUTHORITY		APPROVED		NOT APPROVED

- **3–21. Heart**
- The causes for referral to an MEB are as follows (see table 3–1 for functional classifications and for metabolic equivalents (METS) ratings to be included in the MEB):
- *a.* Coronary heart disease associated with—
- (1) Myocardial infarction, angina pectoris, or congestive heart failure due to fixed obstructive coronary artery disease or coronary artery spasm.
- (2) Myocardial infarction with normal coronary artery anatomy.
- (3) Angina pectoris in association with objective evidence of myocardial ischemia in the presence of normal coronary artery anatomy.
- (4) Fixed obstructive coronary artery disease, asymptomatic but with objective evidence of myocardial ischemia.

- If patient survives, and is doing well,
  - MEB
  - 120 day trial of duty
    - See para 3-25, AR 40-501

- *b.* Supraventricular tachyarrhythmias, when life threatening or symptomatic enough to interfere with performance of duty and when not adequately controlled. This includes atrial fibrillation, atrial flutter, paroxysmal supraventricular tachycardia, and others.

- *d.* Heart block (second degree or third degree AV block) and symptomatic bradyarrhythmias, even in the absence of organic heart disease or syncope. Wenckebach… in healthy asymptomatic individuals without evidence of… heart disease is not a cause for referral to a PEB. None of these conditions is cause for MEB/PEB when associated with recognizable temporary precipitating conditions…

- *e.* Myocardial disease, New York Heart Association or Canadian Cardiovascular Society Functional Class II or worse. (See table 3–1.)

- *f.* Ventricular flutter and fibrillation, ventricular tachycardia when potentially life threatening (for example, when associated with forms of heart disease that are recognized to predispose to increased risk of death and when there is no definitive therapy available to reduce this risk) or when symptomatic enough to interfere with the performance of duty. None of these ventricular arrhythmias are a cause for medical board referral to a PEB when associated with recognizable temporary precipitating conditions…

- *g.* Sudden cardiac death, when an individual survives sudden cardiac death that is not associated with a temporary or treatable cause, and when there is no definitive therapy available to reduce the risk of recurrent sudden cardiac death.

- *j.* Valvular heart disease with cardiac insufficiency at functional capacity of Class II or worse as defined by the New York Heart Association. (See table 3–1.)

- *k.* Ventricular premature contractions with frequent or continuous attacks, whether or not associated with organic heart disease, accompanied by discomfort or fear of such a degree as to interfere with the satisfactory performance of duty.

- *l. Recurrent syncope or near syncope of cardiovascular etiology that is not controlled or when it interferes with the performance of duty, even if the etiology is unknown.*

- ***m.* Any cardiovascular disorder requiring chronic drug therapy in order to prevent the occurrence of potentially fatal events or severely symptomatic events that would interfere with duty performance.**

Next Case

- 19 yo WF recently graduated from AIT,
  - Recurrent episodes of wheezing in the desert
    - Unable to spend more than 2 hrs in protective mask
  - Not sufficiently controlled with intermittent use of albuterol inhaler
  - MEDEVAC'd
  - "I didn't have any trouble since I was 15. Well, that is until I got to Basic. But I managed to tough it out."
  - 10 minutes of running produces 20% decrease in FEV1
  - Can walk 2.5 miles in time to pass alternate APFT
  - Does she have asthma ?

Wheezing Case

- Six months after albuterol, salmeterol, fluticasone, and a leukotriene inhibitor, still cannot perform duties in protective mask
- Does she need a permanent profile ?
- Does she need a MEB ?
- Did she need to remain on active duty to receive an adequate trial of treatment ?

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)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)*_____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
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/PEB

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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

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 _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. ACTION BY APPROVING AUTHORITY		APPROVED		NOT APPROVED

- **3–27. Miscellaneous respiratory disorders**
- **<u>NOT ALL THAT WHEEZES IS ASTHMA</u> and <u>GET A SET OF PFT's</u>**
- The causes for referral to an MEB are as follows:
  - *a.* Asthma. This includes reactive airway disease, exercise-induced bronchospasm, asthmatic bronchospasm…
  - (1) Definitions/diagnostic criteria are as follows.
    - *(a)* Asthma is a clinical syndrome characterized by cough, wheeze, or dyspnea and physiologic evidence of reversible airflow obstruction or airway hyperactivity that persists over a prolonged period of time (generally more than 6 to 12 months).
    - *(b)* Reversible airflow obstruction is defined as more than 15 percent increase in FEVI following the administration of an inhaled bronchodilator or prolonged corticosteroid therapy.

- *(c)* Increased bronchial responsiveness is the presence of an exaggerated decrease in airflow induced by a standard bronchoprovocation challenge such as methacholine inhalation (PD20 FEV1 less than or equal to 4mg/ml).

– **Demonstration of exercise induced bronchospasm (15 percent decline in FEV1) is also diagnostic of increased bronchial responsiveness**; however, failure to induce bronchospasm with exercise does not rule out the diagnosis of asthma.

– Bronchoprovacation or exercise testing should be performed by a credentialed provider privileged to perform the procedures.

- *(d)* Soldiers who are diagnosed as having asthma may be placed on a temporary profile under the “P” factor of the physical profile for up to 12 months trial of duty, when medically advisable..

– (2) Chronic asthma is cause for a permanent P–3 or P–4 profile and MEB/PEB referral if it—
  - *(a)* Results in repetitive hospitalizations, repetitive emergency room visits or excessive time lost from duty.
  - *(b)* Requires repetitive use of oral corticosteroids to enable the soldier to perform all military training and duties.
  - *(c)* Results in inability to run outdoors at a pace that meets the standards for the timed 2-mile run despite medications.
  - ***(d)* Prevents the soldier from wearing a protective mask.**

Wheezing Case, Cont'd

- Did she need to remain on active duty to receive an adequate trial of treatment ?
  - Probably not
    - Deaton's recommendation
      - T3 Profile for 12 months
      - Trial of Medication
      - Go ahead and do the MEB
        - » Recommend 12 month trial of duty
      - ***REFRAD***
      - After 12 mo trial of duty, next doc need only do an addendum to MEB, and submit original NARSUM to PEB

While We're Discussing Lungs…

- We still have lots of smokers, so…
  - *d.* Bronchitis. Chronic, severe, persistent cough, with considerable expectoration or with dyspnea at rest or on slight exertion or with residuals or complications that require repeated hospitalization.
  - *m.* Pulmonary emphysema. Marked emphysema with dyspnea on mild exertion and demonstrable moderate reduction in pulmonary function.

Back Pain

- 45 yo WM with recurrent back pain
  - Exacerbated while at JRTC during pre-deployment training
    - Pain every day
      - Hurts to stand longer than 30 min
      - Hurts to sit longer than 30 min, especially in military vehicles
      - Can’t bend more than 75 degrees
      - Hurts to extend back to upright
      - Rucksack more than 30 pounds causes exquisite pain
      - No radiation past the knee
      - Has had 12 weeks of PT – to no avail
      - Plain films are normal

Back Pain, Cont'd

- Can you write his profile ?
- Does he need a MRI ?
- He would like to try IDET and / or Prolotherapy
  - Should you allow that ?
- Does he require a MEB ?
  - Keep in mind there's no demonstrable pathology

PHYSICAL PROFILE

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1. MEDICAL CONDITION: *(Description in lay terminology)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)*_____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
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/PEB

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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

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 _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. ACTION BY APPROVING AUTHORITY		APPROVED		NOT APPROVED

- **3–39. Spine, scapulae, ribs, and sacroiliac joints**
- The causes for referral to an MEB are as follows (see also para 3–14):
  - *a.* Dislocation. Congenital, of hip.
  - *b.* Spina bifida. Demonstrable signs and moderate symptoms of root or cord involvement.
  - *c.* Spondylolysis or spondylolisthesis. More than mild symptoms resulting in repeated outpatient visits, or repeated hospitalization or limitations effecting performance of duty.
  - *d.* Coxa vara. More than moderate with pain, deformity, and arthritic changes.

- *e.* Herniation of nucleus pulposus. More than mild symptoms following appropriate treatment or remedial measures, with sufficient objective findings to demonstrate interference with the satisfactory performance of duty.
- *f.* Kyphosis. More than moderate, interfering with military duties.
- *g.* Scoliosis. Severe deformity with over 2 inches deviation of tips of spinous process from the midline, or of lesser degree if recurrently symptomatic and interfering with military duties.

- ***h.*** **Nonradicular pain** involving the cervical, thoracic,

  lumbosacral, or coccygeal spine, whether **idiopathic or**

  secondary to degenerative disc or joint disease, that

  fails to respond to adequate conservative treatment and

  necessitates significant limitation of physical activity.

Next Case

- 26 yo African American male
  - Lieutenant AG Corps, Investment banker as a civilian
  - Spent full year in Theater – at a desk
  - Went to gym during de-mob, decided to “Get back in shape.”
  - Next day, weak, felt terrible, arm muscles rock-hard
  - CPK 103,000

  - What does he have?
  - Does he need a MEB?
  - Did he need to stay on active duty?

PHYSICAL PROFILE

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1. MEDICAL CONDITION: *(Description in lay terminology)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)*_____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
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/PEB

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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

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 _____

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. ACTION BY APPROVING AUTHORITY		APPROVED		NOT APPROVED

- **3–45. Heat illness and injury**
- The causes for referral to an MEB are as follows:
  - *a.* Heat exhaustion.
    - (1) Heat exhaustion is defined as collapse, including syncope, occurring during or immediately following exercise
      - heat stress without evidence of organ damage or systemic inflammatory activation.
    - (2) Individual episodes of heat exhaustion are not cause for MEB referral. However, soldiers suffering from recurrent episodes of heat exhaustion (three or more in less than 24 months) should be referred for complete medical evaluation for contributing factors.
    - (3) If no remediable factor causing recurrent heat exhaustion is identified, then the soldier will be referred to an MEB.

- *b.* Heat stroke.
  - (1) The definitions of heat stroke are as follows.
    - *(a)* Heat stroke: A syndrome of hyperpyrexia, collapse, and encephalopathy with evidence of organ damage and/or
      - » systemic inflammatory activation occurring in the setting of environmental heat stress.
    - *(b)* Exertional rhabdomyolysis: Rhabdomyolysis with myoglobinuria occurring with exercise–heat stress but without the encephalopathy of heat stroke.
  - **(2) Soldiers will be referred to an MEB after an episode of heat stroke or exertional rhabdomyolysis**. If the soldier has had full clinical recovery, and particularly if a circumstantial contributing factor to the episode can be identified, the MEB may recommend a trial of duty with a P–3 (T) profile.
- (Referral to PEB is not required, at least not initially)

- The profile will restrict the soldier from performing vigorous physical exercise for periods longer than 15 minutes. Maximal efforts, such as the APFT 2-mile run are not permitted. If, after 3 months, the soldier has not manifested any heat intolerance, the profile may be modified to P–2 (T) and normal unrestricted work permitted. Maximal exertion and significant heat exposure (such as wearing Mission Oriented Protective Posture (MOPP) IV) are still restricted. If the soldier manifests no heat intolerance, including a season of significant environmental heat stress, normal activities can be resumed and the soldier may be returned to duty without a PEB. ***Any*** evidence of significant ***heat intolerance***, either during the period of the profile or subsequently, requires a referral to a PEB. (A description of the heat intolerance should be included in the MEB narrative summary.)

Medical Evaluation Boards

- **AR 40-501** describes who needs a MEB
  - How does one go about initiating one ?
    1. Make sure **all** the Soldier's medical problems have been addressed, and have achieved ***optimum therapeutic benefit*** from treatment
    2. Notify the PAD Officer
    3. Send the Soldier to see the PAD Officer
    4. Arrange for a formal Board Physical
    5. Dictate a Narrative Summary

Army Regulation 40–400

Medical Services

Patient

Administration

The Narrative Summary

- **7–24. Preparing medical evaluation board narrative summaries**
- The recommended format for an MEB narrative summary is provided below.
  - *a. Baseline documentation.* At the beginning of the MEB, the following will be recorded:
    - (1) The signatory physician's specialty.
    - (2) The clinical department/service.
    - (3) The MTF and its location.
    - (4) Reason for doing the MEB (for example, physician-directed, command-directed).
    - (5) Soldier's eligibility for MEB.

- (6) Military history.
  - *"See DA Form 2-1"* usually works, but PEB's don't like it
    - *(a)* Date of entry into Service.
    - *(b)* Estimated termination of Service.
    - *(c)* Administrative actions ongoing, pending, or completed (for example, courts-martial, selective early retirement, bars, retirement or separation dates).
- (7) Chief complaint stated **in soldier's own words.**
- (8) History of present illness. Exact details, including pertinent dates regarding injuries, how incurred, and a statement of the final line of duty (LD) determination, if available.

- (9) Past medical history.
  - *(a)* Past injuries and illnesses.
  - *(b)* Prior disability ratings (for example, given by the VA).
  - *(c)* Past hospitalizations and relevant outpatient treatment, including documentation of diagnosis and therapy, pertinent dates, and location should be listed.
  - *(d)* Illnesses, conditions, and prodromal symptoms, existing prior to service conditions.

– *b. Physical examination.* A complete physical examination must be recorded in the MEB. (Selected specialty-related considerations and guidelines follow.)
  - *"For full physical examination, please refer to DD Forms 2807-1 and 2808. Findings pertinent to the condition for this Board are as follows:..."*

- *c. Laboratory studies.* Studies that support and quantify the diagnosis(es) should be included as should any studies that conflict with the diagnosis(es).

- *d. Present condition and current functional status.* The current clinical condition of the soldier should be noted including required medications and any non-medication treatment regimens (for example, physical therapy) in progress.

- (1) The soldier's **functional status** as to the ability to perform his/her required duty should be indicated.
- (2) The soldier's civilian equivalent performance should be indicated.
- (3) A statement should be given regarding the prognosis for functional status after completion of treatment, if chronic treatment is not necessary.
- (4) A statement should be given regarding the prognosis for functional status in cases requiring chronic treatment.
- (5) The stability of the current clinical condition and functional status should be addressed.

- *e. Conclusions.*
  - (1) An informed opinion should be stated as to the soldier's ability to meet current retention standards.
  - (2) If a soldier does not meet retention standards, the specific reasons why should be stated.
- *f. Diagnosis(es).* The diagnostic terminology used by the MEB should correlate, if at all possible, with that of the VASRD. Because the PEBs are required to assess a soldier's status based on the VASRD, a clearer understanding of that status is facilitated when the same terminology is used by the MEBs and the PEBs. All MEB diagnoses will be given an International Classification of Diseases-Ninth Revision-Clinical Modification (ICD-9-CM) code.

- *g. Profile (if required by Service regulation).*
  - (1) The physical profile of the soldier should agree with the severity of the medical impairment as expressed in the narrative summary.
  - (2) The physical profile of the physical exam should agree with that of the physical profile form, as well as that noted in the MEB cover sheet.

- *(These issues are especially troublesome when the doc who does the NARSUM is not the same doc that does the physical.)*

- (1) *Cardiology.*
  - *(a)* Results of special studies to support and quantify the cardiac impairment should be noted (for example, treadmill and thallium stress tests, angiography, and other special studies).
  - *(b)* It is imperative that the Functional Therapeutic Classification of the cardiac condition be included. Either the New York or Canadian classification system may be used.

- (2) *Gastroenterology.* Soldiers with fecal incontinence should have recorded findings of rectal examination (for example, digital exam, manometric studies as indicated and radiographic studies). The degree and frequency of the incontinence should be noted, as well as the incapacitation caused by the condition.
- (3) *Neurosurgery.*
  - *(a)* In vertebral disc problems, radicular findings on physical examination should be supported by laboratory studies such as computerized axial tomography scan, MRI, or electromyography. In cases where surgery has been performed, both pre- and post-operative deep tendon reflexes should be documented.
  - *(b)* In head injuries, neuropsychiatric assessment should be accomplished. Results of any clinically indicated neuropsychological testing should be included.

- (4) *Ophthalmology.* If retention standards are not met for reasons related to vision
  - visual fields must be included in the physical examination and verified by an ophthalmologist.
  - Specialist examination should include uncorrected and corrected central visual acuity.
    - » Snellen’s test or its equivalent will be used
    - » and, if indicated, measurements of the Goldman Perimeter chart will be included.

- (5) *Orthopedics.*
  - *(a)* Range of motion measurements must be documented for injuries to the extremities. The results of the measurement should be validated and the method of measurement and validation should be stated.
  - *(b)* In cases involving back pain, the use of Waddell's signs should be included in assessing the severity and character of the pain. (See app A.)

- (7) *Pulmonary.* When an MEB is held for restrictive or obstructive pulmonary disease, documentation will be provided of pulmonary function testing carried out when soldier is on and off therapeutic medication. There must be three pulmonary function tests done off medication, two of which must be in agreement within the 5 percent level, and three done on medication, two of which must agree within the 5 percent level.

SUMMARY

- Learning by Examples
  - Cases
    - Things you are likely to see
- Profiles
  - DA Form 3349
    - Temporary and Permanent
- Standards for Retention
  - AR 40-501, Chapter 3
    - Who needs a Medical Evaluation Board
- Initiating the Medical Evaluation Board
  - AR 40-400, Chapter 7
    - The Narrative Summary

QUESTIONS ?

COL Michael A. Deaton
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Washington, D.C. 20310
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Michael.Deaton@OTSG.amedd.army.mil

DA Form 3349

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)* ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)*_____ *(Limited to 3 months duration)*		
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		
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/PEB

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		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT		
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN			APFT WALK	N/A		
APFT SIT-UPS			APFT SWIM	N/A		
APFT PUSH UPS			APFT BIKE	N/A		

7. STANDARD *OR* MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE		
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*			9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*		

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

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

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 _____

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		

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

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

1. MEDICAL CONDITION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

CODES

4. THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to _____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S

PHYSICAL PROFILE

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

1. MEDICAL CONDITION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

CODES

4. THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to _____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S
☐ MILITARY OCCUPATIONAL SPECIALTY ☐ DUTY ASSIGNMENT BECAUSE:

TYPED NAME AND GRADE OF UNIT COMMANDER	SIGNATURE	DATE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)*

UNIT

ISSUING CLINIC AND PHONE NUMBER

DISTRIBUTION
UNIT COMMANDER - ORIGINAL & 1 COPY
HEALTH RECORD JACKET - 1 COPY
CLINIC FILE - 1 COPY
MILPO - 1 COPY

DA FORM 3349, MAY 86 REPLACES DA FORM 5302-R (TEST) DATED FEB 84 AND DA FORM 3349 DATED 1 JUN 80, WHICH ARE OBSOLETE

USAPPC V1.00

PHYSICAL PROFILE

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

1. MEDICAL CONDITION: Shoulder Pain

2.

P	U	L	H	E	S
1	3	1	1	1	1

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS: None

CODES

4. THIS PROFILE IS ☒ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☒ Groin Stretch	☒ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☒ Neck Stretch
☒ Hip Raise	☒ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☒ Ankle Stretch
☒ Knee Bender	☒ Calf Stretch	☒ Straight Leg Raise	☐ Chest Stretch	☒ Hip Stretch
☐ Side-Straddle Hop	☒ Long Sit	☒ Elongation Stretch	☐ One-Arm Side Stretch	☒ Upper Body Wt Tng
☐ High Jump	☒ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☒ Lower Body Wt Tng
☒ Jogging in Place	☒ Hams. & Calf Stretch	☐ Turn and Bend	☒ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☒ Unlimited Walking
- ☒ Unlimited Running
- ☒ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for ____ Min.
- ☐ Bicycle at Training Heart Rate for ____ Min.
- ☐ Swim at Training Heart Rate for ____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☒ Wear Helmet
- ☒ Carry Rifle
- ☒ Fire Rifle

With Hearing Protection

- ☒ KP/Mopping/Mowing Grass
- ☒ Marching Up to 20 Miles
- ☒ Lift Up to 30 Pounds
- ☐ All

PHYSICAL FITNESS TEST

☒ Two Mile Run	☒ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☒ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER: No lifting more than 30 pounds. No overhead work with right arm.

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
Michael A. Deaton, COL, MC		
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

PHYSICAL PROFILE

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

1. MEDICAL CONDITION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

CODES

4. THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle
  With Hearing Protection
- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to _____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

PHYSICAL PROFILE

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

1. MEDICAL CONDITION: Knee Injury

2.

P	U	L	H	E	S
1	1	T3	1	1	1

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS: None

CODES

4. THIS PROFILE IS ☐ PERMANENT ☒ TEMPORARY EXPIRATION DATE: 19 May 03

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☒ Groin Stretch	☒ Thigh Stretch	☒ Lower Back Stretch	☒ Neck & Shoulder Stretch	☒ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☒ Upper Back Stretch	☒ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☒ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☒ Elongation Stretch	☐ One-Arm Side Stretch	☒ Upper Body Wt Tng
☐ High Jump	☒ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☒ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☒ Walk at Own Pace and Distance
- ☒ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☒ Swim at Own Pace and Distance
- ☒ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☒ Wear Helmet
- ☒ Carry Rifle
- ☒ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☒ Lift Up to 100 Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER: No running, jumping, or marching. No standing more than 10 minutes. No mandatory strenuous activity of lower extremities.

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
DEATON, MICHAEL A., COL, MC		19 Feb 04

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

PHYSICAL PROFILE

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

1. MEDICAL CONDITION: Irregular Heart Beat (atrial fibrillation). On blood-thinning medication. Bleeds easily and profusely.

2.

P	U	L	H	E	S
3	1	1	1	1	1

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS: Recommend no assignments or duties where bleeding is likely.

CODES

4. THIS PROFILE IS ☒ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☒ Unlimited Walking
- ☒ Unlimited Running
- ☒ Unlimited Bicycling
- ☒ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to 100 Pounds
- ☒ All

PHYSICAL FITNESS TEST

☒ Two Mile Run	☐ Walk
☒ Push-Ups	☐ Swim
☒ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER: No activities where bleeding is likely.

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
DEATON, MICHAEL A., COL, MC		19 Feb 04
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☒ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE
GUARD, JOSEPH ONE, COL, MC, JFHQ Surgeon		19 Feb 04

ACTION BY UNIT COMMANDER

PHYSICAL PROFILE

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

1. MEDICAL CONDITION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

CODES

4. THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to _____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S

PHYSICAL PROFILE

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

1. MEDICAL CONDITION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

CODES

4. THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to _____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S

PHYSICAL PROFILE

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

1. MEDICAL CONDITION

2.

P	U	L	H	E	S

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

CODES

4. THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

☐ Groin Stretch	☐ Thigh Stretch	☐ Lower Back Stretch	☐ Neck & Shoulder Stretch	☐ Neck Stretch
☐ Hip Raise	☐ Quads Stretch & Bal.	☐ Single Knee to Chest	☐ Upper Back Stretch	☐ Ankle Stretch
☐ Knee Bender	☐ Calf Stretch	☐ Straight Leg Raise	☐ Chest Stretch	☐ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☐ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☐ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☐ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ All

6. AEROBIC CONDITIONING EXERCISES

- ☐ Walk at Own Pace and Distance
- ☐ Run at Own Pace and Distance
- ☐ Bicycle at Own Pace and Distance
- ☐ Swim at Own Pace and Distance
- ☐ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
- ☐ Unlimited Running
- ☐ Unlimited Bicycling
- ☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for _____ Min.
- ☐ Bicycle at Training Heart Rate for _____ Min.
- ☐ Swim at Training Heart Rate for _____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
- ☐ Wear Helmet
- ☐ Carry Rifle
- ☐ Fire Rifle

With Hearing Protection

- ☐ KP/Mopping/Mowing Grass
- ☐ Marching Up to _____ Miles
- ☐ Lift Up to _____ Pounds
- ☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run	☐ Walk
☐ Push-Ups	☐ Swim
☐ Sit-Ups	☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220 FEMALES 225

MINUS (-) AGE
MINUS (-) RESTING HEART RATE
TIMES (X) % INTENSITY
PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S