

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:85%;">4. PROFILE TYPE</td> <td style="width:5%;">YES</td> <td style="width:10%;">NO</td> </tr> <tr> <td>a. TEMPORARY PROFILE <i>(Expiration date YYYYMMDD)</i> <i>(Limited to 3 months duration)</i></td> <td></td> <td></td> </tr> <tr> <td>b. PERMANENT PROFILE <i>(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)</i></td> <td></td> <td></td> </tr> <tr> <td>c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? <i>(IF USAR/ARNG/ARGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)</i></td> <td>Needs MMRB</td> <td>Needs MEB/PEB</td> </tr> </table>									4. PROFILE TYPE	YES	NO	a. TEMPORARY PROFILE <i>(Expiration date YYYYMMDD)</i> <i>(Limited to 3 months duration)</i>			b. PERMANENT PROFILE <i>(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)</i>			c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? <i>(IF USAR/ARNG/ARGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)</i>	Needs MMRB	Needs MEB/PEB
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5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES <i>(If any answer (a-f) is NO then the profile should be at least a 3)</i>																				
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON																				
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES <i>(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)</i>																				
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT																				
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION <i>(Dig, fill, & lift sand bags, etc.)</i>																				
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 <i>(Fill out if unable to do APFT run otherwise N/A)</i>				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 <i>(Check all applicable boxes)</i>																				
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 <i>(See FM 21-20)</i>					9. LOWER BODY WEIGHT TRAINING <i>(See FM 21-20)</i>															
10. OTHER: e.g. Functional limitations and capabilities and other comments: <i>(May continue on page 2)</i>					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 _____															
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____					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 <i>(See para 7-12, AR 40-501)</i>								YES	NO											
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT																				
20. COMMENT																				
<i>If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c</i>																				
21. TYPE NAME & GRADE OF UNIT COMMANDER					22. SIGNATURE			23. DATE (YYYYMMDD)												
24. PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name (Last, first), grade, SSN, hospital or medical facility)</i>					25. UNIT															
					26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER															
<p align="center">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.</p>																				

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 10)