

**PHYSICAL PROFILE**

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

<b>1. MEDICAL CONDITION:</b> <i>(Description in lay terminology)</i> <input type="checkbox"/> <b>INJURY?</b> Or <input type="checkbox"/> <b>ILLNESS/DISEASE?</b>		<b>2. CODES</b> <i>(Table 7-2 AR 40-501)</i>	<b>3.</b> Temporary Permanent	<b>P</b>	<b>U</b>	<b>L</b>	<b>H</b>	<b>E</b>	<b>S</b>											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:85%;"><b>4. PROFILE TYPE</b></td> <td style="width:5%;"><b>YES</b></td> <td style="width:10%;"><b>NO</b></td> </tr> <tr> <td><b>a. TEMPORARY PROFILE</b> <i>(Expiration date YYYYMMDD)</i> <span style="float:right"><i>(Limited to 3 months duration)</i></span></td> <td></td> <td></td> </tr> <tr> <td><b>b. PERMANENT PROFILE</b> <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><b>c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?</b> <i>(IF USAR/ARNG/ARGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 &amp; 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)</i></td> <td><b>Needs MMRB</b></td> <td><b>Needs MEB/PEB</b></td> </tr> </table>									<b>4. PROFILE TYPE</b>	<b>YES</b>	<b>NO</b>	<b>a. TEMPORARY PROFILE</b> <i>(Expiration date YYYYMMDD)</i> <span style="float:right"><i>(Limited to 3 months duration)</i></span>			<b>b. PERMANENT PROFILE</b> <i>(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)</i>			<b>c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?</b> <i>(IF USAR/ARNG/ARGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 &amp; 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)</i>	<b>Needs MMRB</b>	<b>Needs MEB/PEB</b>
<b>4. PROFILE TYPE</b>	<b>YES</b>	<b>NO</b>																		
<b>a. TEMPORARY PROFILE</b> <i>(Expiration date YYYYMMDD)</i> <span style="float:right"><i>(Limited to 3 months duration)</i></span>																				
<b>b. PERMANENT PROFILE</b> <i>(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)</i>																				
<b>c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?</b> <i>(IF USAR/ARNG/ARGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 &amp; 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)</i>	<b>Needs MMRB</b>	<b>Needs MEB/PEB</b>																		
<b>5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES</b> <i>(If any answer (a-f) is NO then the profile should be at least a 3)</i>																				
<b>a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON</b>																				
<b>b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES</b> <i>(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)</i>																				
<b>c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT</b>																				
<b>d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION</b> <i>(Dig, fill, &amp; lift sand bags, etc.)</i>																				
<b>e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE</b>																				
<b>f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?</b>																				
<b>6. APFT</b>		<b>YES</b>	<b>NO</b>	<b>ALTERNATE APFT</b> <i>(Fill out if unable to do APFT run otherwise N/A)</i>				<b>YES</b>	<b>NO</b>											
<b>2 MILE RUN</b>				APFT WALK				N/A												
<b>APFT SIT-UPS</b>				APFT SWIM				N/A												
<b>APFT PUSH UPS</b>				APFT BIKE				N/A												
<b>7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES</b> <i>(Check all applicable boxes)</i>																				
<b>UNLIMITED RUNNING</b>				<b>OR RUN AT OWN PACE &amp; DISTANCE</b>																
<b>UNLIMITED WALKING</b>				<b>OR WALK AT OWN PACE &amp; DISTANCE</b>																
<b>UNLIMITED BIKING</b>				<b>OR BIKE AT OWN PACE &amp; DISTANCE</b>																
<b>UNLIMITED SWIMMING</b>				<b>OR SWIM AT OWN PACE &amp; DISTANCE</b>																
<b>8. UPPER BODY WEIGHT TRAINING</b> <i>(See FM 21-20)</i>				<b>9. LOWER BODY WEIGHT TRAINING</b> <i>(See FM 21-20)</i>																
<b>10. OTHER:</b> e.g. Functional limitations and capabilities and other comments: <i>(May continue on page 2)</i>					<b>11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED</b>															
					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 _____															
<b>12. TYPE NAME &amp; GRADE OF PROFILING OFFICER</b>					<b>13. SIGNATURE</b>			<b>14. DATE (YYYYMMDD)</b>												
<b>15. ACTION BY APPROVING AUTHORITY</b>					<b>APPROVED</b>			<b>NOT APPROVED</b>												
<b>16. TYPE NAME &amp; GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY</b>					<b>17. SIGNATURE</b>			<b>18. DATE (YYYYMMDD)</b>												
<b>19. ACTION BY UNIT COMMANDER</b> <i>(See para 7-12, AR 40-501)</i>								<b>YES</b>	<b>NO</b>											
<b>THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT</b>																				
<b>20. COMMENT</b>																				
<i>If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c</i>																				
<b>21. TYPE NAME &amp; GRADE OF UNIT COMMANDER</b>					<b>22. SIGNATURE</b>			<b>23. DATE (YYYYMMDD)</b>												
<b>24. PATIENT'S IDENTIFICATION</b> <i>(For typed or written entries give: Name (Last, first), grade, SSN, hospital or medical facility)</i>					<b>25. UNIT</b>															
					<b>26. ISSUING CLINIC, PROVIDER E-MAIL &amp; PHONE NUMBER</b>															
<p align="center">PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES &amp; 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)