

PHYSICAL PROFILE For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.															
1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?				2. CODES (Table 7-2 AR 40-501)		3. Temporary Permanent		P	U	L	H	E	S		
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 <u>OR</u> 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)						11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED Lifting or carrying max weight _____ or _____ distance Running maximum distance _____ Prolonged standing - maximum time per episode _____ Marching with standard field gear except rucksack max distance _____ Impact activities such as jumping max # reps in one day _____									
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____															
12. TYPE NAME & GRADE OF PROFILING OFFICER						13. SIGNATURE				14. DATE (YYYYMMDD)					
15. ACTION BY APPROVING AUTHORITY						APPROVED				NOT APPROVED					
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY						17. SIGNATURE				18. DATE (YYYYMMDD)					
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)						YES				NO					
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT															
20. COMMENT															
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c															
21. TYPE NAME & GRADE OF UNIT COMMANDER						22. SIGNATURE				23. DATE (YYYYMMDD)					
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)						25. UNIT 26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.									

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 10)