

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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PROFILE TYPE						YES	NO		
a. TEMPORARY PROFILE <i>(Expiration date YYYYMMDD)</i> <i>(Limited to 3 months duration)</i>						<input type="checkbox"/>	<input type="checkbox"/>		
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>						<input type="checkbox"/>	<input type="checkbox"/>		
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? <i>(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.)</i>						Needs MMRB	Needs MEB/FEB		
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION <i>(Dig, fill, & lift sand bags, etc.)</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. APFT		YES	NO	ALTERNATE APFT <i>(Fill out if unable to do APFT run otherwise N/A)</i>			YES	NO	
2 MILE RUN		<input type="checkbox"/>	<input type="checkbox"/>	APFT WALK			N/A	<input type="checkbox"/>	
APFT SIT-UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT SWIM			N/A	<input type="checkbox"/>	
APFT PUSH UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT BIKE			N/A	<input type="checkbox"/>	
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES <i>(Check all applicable boxes)</i>									
UNLIMITED RUNNING		<input type="checkbox"/>	<input type="checkbox"/>	OR RUN AT OWN PACE & DISTANCE			<input type="checkbox"/>	<input type="checkbox"/>	
UNLIMITED WALKING		<input type="checkbox"/>	<input type="checkbox"/>	OR WALK AT OWN PACE & DISTANCE			<input type="checkbox"/>	<input type="checkbox"/>	
UNLIMITED BIKING		<input type="checkbox"/>	<input type="checkbox"/>	OR BIKE AT OWN PACE & DISTANCE			<input type="checkbox"/>	<input type="checkbox"/>	
UNLIMITED SWIMMING		<input type="checkbox"/>	<input type="checkbox"/>	OR SWIM AT OWN PACE & DISTANCE			<input type="checkbox"/>	<input type="checkbox"/>	
8. UPPER BODY WEIGHT TRAINING <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					
This temporary profile is an extension of a temporary profile first issued on _____				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 <i>(See para 7-12, AR 40-501)</i>						YES	NO		
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT						<input type="checkbox"/>	<input type="checkbox"/>		
20. COMMENT									
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c									
21. TYPE NAME & GRADE OF UNIT COMMANDER				22. SIGNATURE			23. DATE (YYYYMMDD)		
24. PATIENT'S IDENTIFICATION <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					
				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)