

### 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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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 (Expiration date YYYYMMDD) (Limited to 3 months duration)								<input type="checkbox"/>	<input type="checkbox"/>
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)								<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? (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/FES
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								<input type="checkbox"/>	<input type="checkbox"/>
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS, Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)								<input type="checkbox"/>	<input type="checkbox"/>
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT								<input type="checkbox"/>	<input type="checkbox"/>
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)								<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"/>
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?								<input type="checkbox"/>	<input type="checkbox"/>
6. APFT			YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)			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 (Check all applicable boxes)									
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 (See FM 21-20)				<input type="checkbox"/>	<input type="checkbox"/>	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 _____				
<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 (See para 7-12, AR 40-501)								YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT								<input type="checkbox"/>	<input type="checkbox"/>
20. COMMENT List Current Medications:									
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)

Instructions

a) Medical Provider must complete page #1, mirroring current service specific medical profile, or provide a copy of current medical profile. Additionally, provider must initial all events that Athlete may compete in on page #2.

b) Ensure profile contains signature from Profiling Officer (block 13), Senior Profiling Officer (block 17), and Unit Commander (block 22).

1. Shooting

Behavioral Health clearance \_\_\_ Standing shooting \_\_\_ Sitting shooting \_\_\_ Adaptive shooting \_\_\_

Remarks \_\_\_\_\_

2. Swimming

Freestyle \_\_\_ Backstroke \_\_\_ Breaststroke \_\_\_

Remarks \_\_\_\_\_

3. Archery

Behavioral Health clearance \_\_\_ Standing archery \_\_\_ Sitting archery \_\_\_ Adaptive archery \_\_\_

Remarks \_\_\_\_\_

4. Cycling

Stand-Up \_\_\_ Recumbent \_\_\_ Hand Cycle \_\_\_

Remarks \_\_\_\_\_

5. Track & Field

Standard 100m \_\_\_ 200m \_\_\_ 400m \_\_\_ 1500m \_\_\_ Shot Put \_\_\_ Discus \_\_\_

Wheelchair 100m \_\_\_ 200m \_\_\_ 400m \_\_\_ 1500m \_\_\_ Shot Put \_\_\_ Discus \_\_\_

Remarks \_\_\_\_\_

6. Basketball

Wheelchair basketball \_\_\_

Remarks \_\_\_\_\_

7. Volleyball

Sitting volleyball (adaptive version) \_\_\_

Remarks \_\_\_\_\_