

PHYSICAL PROFILE

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

1. MEDICAL CONDITION **Heat Casualty**

2.					
P	U	L	H	E	S
4	1	1	1	1	1

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS **No physical exercise, no APFT, no Airborne operations. No significant heat exposure or use of MOPP gear.**

CODES

4. THIS PROFILE IS PERMANENT TEMPORARY EXPIRATION DATE: (until cleared)

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Groin Stretch | <input type="checkbox"/> Thigh Stretch | <input type="checkbox"/> Lower Back Stretch | <input type="checkbox"/> Neck & Shoulder Stretch | <input type="checkbox"/> Neck Stretch |
| <input type="checkbox"/> Hip Raise | <input type="checkbox"/> Quads Stretch & Bal. | <input type="checkbox"/> Single Knee to Chest | <input type="checkbox"/> Upper Back Stretch | <input type="checkbox"/> Ankle Stretch |
| <input type="checkbox"/> Knee Bender | <input type="checkbox"/> Calf Stretch | <input type="checkbox"/> Straight Leg Raise | <input type="checkbox"/> Chest Stretch | <input type="checkbox"/> Hip Stretch |
| <input type="checkbox"/> Side-Straddle Hop | <input type="checkbox"/> Long Sit | <input type="checkbox"/> Elongation Stretch | <input type="checkbox"/> One-Arm Side Stretch | <input type="checkbox"/> Upper Body Wt Tng |
| <input type="checkbox"/> High Jump | <input type="checkbox"/> Hamstring Stretch | <input type="checkbox"/> Turn and Bounce | <input type="checkbox"/> Two-Arm Side Stretch | <input type="checkbox"/> Lower Body Wt Tng |
| <input type="checkbox"/> Jogging in Place | <input type="checkbox"/> Hams. & Calf Stretch | <input type="checkbox"/> Turn and Bend | <input type="checkbox"/> Side Bender | <input type="checkbox"/> All |

6. AEROBIC CONDITIONING EXERCISES

- Walk at Own Pace and Distance
- Run at Own Pace and Distance
- Bicycle at Own Pace and Distance
- Swim at Own Pace and Distance
- Walk or Run in Pool at Own Pace

- Unlimited Walking
- Unlimited Running
- Unlimited Bicycling
- Unlimited Swimming

- Run at Training Heart Rate for ____ Min.
- Bicycle at Training Heart Rate for ____ Min.
- Swim at Training Heart Rate for ____ Min.

7. FUNCTIONAL ACTIVITIES

- Wear Backpack (40 Lbs.)
- Wear Helmet
- Carry Rifle
- Fire Rifle

- With Hearing Protection
- KP/Mopping/Mowing Grass
 - Marching Up to ____ Miles
 - Lift Up to 10 Pounds
 - All

PHYSICAL FITNESS TEST

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Two Mile Run | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Push-Ups | <input type="checkbox"/> Swim |
| <input type="checkbox"/> Sit-Ups | <input type="checkbox"/> Bicycle |

8. TRAINING HEART RATE FORMULA

MALES 220

FEMALES 225

- MINUS (-) AGE
- MINUS (-) RESTING HEART RATE
- TIMES (X) % INTENSITY
- PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
70% MODERATELY ACTIVE, MAINTENANCE
80% WELL TRAINED INDIVIDUAL

9. OTHER **Soldier may be cleared only by a staff physician. Soldier must also report to EDC Clinic prior to final disposition.**

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
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TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
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ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE APPROVED NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE
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ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL DOES DOES NOT REQUIRE A CHANGE IN MEMBER'S

MILITARY OCCUPATIONAL SPECIALTY DUTY ASSIGNMENT BECAUSE:

TYPED NAME AND GRADE OF UNIT COMMANDER	SIGNATURE	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)	UNIT
	ISSUING CLINIC AND PHONE NUMBER
	DISTRIBUTION UNIT COMMANDER - ORIGINAL & 1 COPY HEALTH RECORD JACKET - 1 COPY CLINIC FILE - 1 COPY MILPO - 1 COPY

PHYSICAL PROFILE

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

1. MEDICAL CONDITION Heat Stroke/Rhabdomyolysis	2.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">P</td> <td style="padding: 2px;">U</td> <td style="padding: 2px;">L</td> <td style="padding: 2px;">H</td> <td style="padding: 2px;">E</td> <td style="padding: 2px;">S</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> </tr> </table>	P	U	L	H	E	S	3	1	1	1	1	1
P	U	L	H	E	S									
3	1	1	1	1	1									

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS No vigorous physical exercise for periods longer than 15 minutes, no maximal efforts, no APFT, Airborne operations limited to infrequent nontactical jumps for pay only. No significant heat exposure or use of MOPP gear.	CODES
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4. THIS PROFILE IS PERMANENT TEMPORARY EXPIRATION DATE: **(3 months)**

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

<input type="checkbox"/> Groin Stretch	<input type="checkbox"/> Thigh Stretch	<input type="checkbox"/> Lower Back Stretch	<input type="checkbox"/> Neck & Shoulder Stretch	<input type="checkbox"/> Neck Stretch
<input type="checkbox"/> Hip Raise	<input type="checkbox"/> Quads Stretch & Bal.	<input type="checkbox"/> Single Knee to Chest	<input type="checkbox"/> Upper Back Stretch	<input type="checkbox"/> Ankle Stretch
<input type="checkbox"/> Knee Bender	<input type="checkbox"/> Calf Stretch	<input type="checkbox"/> Straight Leg Raise	<input type="checkbox"/> Chest Stretch	<input type="checkbox"/> Hip Stretch
<input type="checkbox"/> Side-Straddle Hop	<input type="checkbox"/> Long Sit	<input type="checkbox"/> Elongation Stretch	<input type="checkbox"/> One-Arm Side Stretch	<input type="checkbox"/> Upper Body Wt Tng
<input type="checkbox"/> High Jump	<input type="checkbox"/> Hamstring Stretch	<input type="checkbox"/> Turn and Bounce	<input type="checkbox"/> Two-Arm Side Stretch	<input type="checkbox"/> Lower Body Wt Tng
<input type="checkbox"/> Jogging in Place	<input type="checkbox"/> Hams. & Calf Stretch	<input type="checkbox"/> Turn and Bend	<input type="checkbox"/> Side Bender	<input checked="" type="checkbox"/> All

<p>6. AEROBIC CONDITIONING EXERCISES</p> <p><input checked="" type="checkbox"/> Walk at Own Pace and Distance</p> <p><input checked="" type="checkbox"/> Run at Own Pace and Distance</p> <p><input checked="" type="checkbox"/> Bicycle at Own Pace and Distance</p> <p><input checked="" type="checkbox"/> Swim at Own Pace and Distance</p> <p><input checked="" type="checkbox"/> Walk or Run in Pool at Own Pace</p> <p><input type="checkbox"/> Unlimited Walking</p> <p><input type="checkbox"/> Unlimited Running</p> <p><input type="checkbox"/> Unlimited Bicycling</p> <p><input type="checkbox"/> Unlimited Swimming</p> <p><input type="checkbox"/> Run at Training Heart Rate for ____ Min.</p> <p><input type="checkbox"/> Bicycle at Training Heart Rate for ____ Min.</p> <p><input type="checkbox"/> Swim at Training Heart Rate for ____ Min.</p>	<p>7. FUNCTIONAL ACTIVITIES</p> <p><input type="checkbox"/> Wear Backpack (40 Lbs.)</p> <p><input checked="" type="checkbox"/> Wear Helmet</p> <p><input checked="" type="checkbox"/> Carry Rifle</p> <p><input type="checkbox"/> Fire Rifle</p> <p style="text-align: center;">With Hearing Protection</p> <p><input type="checkbox"/> KP/Mopping/Mowing Grass</p> <p><input type="checkbox"/> Marching Up to ____ Miles</p> <p><input checked="" type="checkbox"/> Lift Up to <u>20</u> Pounds</p> <p><input type="checkbox"/> All</p> <p>PHYSICAL FITNESS TEST</p> <p><input type="checkbox"/> Two Mile Run <input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Push-Ups <input type="checkbox"/> Swim</p> <p><input type="checkbox"/> Sit-Ups <input type="checkbox"/> Bicycle</p>	<p>8. TRAINING HEART RATE FORMULA</p> <p style="text-align: center;">MALES 220 FEMALES 225</p> <p style="text-align: center;">MINUS (-) AGE</p> <p style="text-align: center;">MINUS (-) RESTING HEART RATE</p> <p style="text-align: center;">TIMES (X) % INTENSITY</p> <p style="text-align: center;">PLUS (+) RESTING HEART RATE</p> <hr/> <p>50% EXTREMELY POOR CONDITION</p> <p>60% HEALTHY, SEDENTARY INDIVIDUAL</p> <p>70% MODERATELY ACTIVE, MAINTENANCE</p> <p>80% WELL TRAINED INDIVIDUAL</p>
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9. OTHER **Needs medical follow-up in 3 months for re-evaluation of profile.**

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
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TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
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ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE APPROVED NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE
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ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL DOES DOES NOT REQUIRE A CHANGE IN MEMBER'S

MILITARY OCCUPATIONAL SPECIALTY DUTY ASSIGNMENT BECAUSE:

TYPED NAME AND GRADE OF UNIT COMMANDER	SIGNATURE	DATE
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<p>PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)</p>	<p>UNIT</p> <hr/> <p>ISSUING CLINIC AND PHONE NUMBER</p> <hr/> <p>DISTRIBUTION</p> <p style="text-align: center;">UNIT COMMANDER - ORIGINAL & 1 COPY</p> <p style="text-align: center;">HEALTH RECORD JACKET - 1 COPY</p> <p style="text-align: center;">CLINIC FILE - 1 COPY</p> <p style="text-align: center;">MILPO - 1 COPY</p>
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PHYSICAL PROFILE

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1. MEDICAL CONDITION **Heat Stroke/Rhabdomyolysis**

P	U	L	H	E	S
2	1	1	1	1	1

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS **No maximal exertion, no APFT 2-mile run, Airborne operations limited to infrequent nontactical jumps for pay only. No significant heat exposure or use of MOPP gear. Ruckmarching at own pace only (max 30 pounds).**

CODES

4. THIS PROFILE IS PERMANENT TEMPORARY EXPIRATION DATE: **(6-9 months)**

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Groin Stretch | <input type="checkbox"/> Thigh Stretch | <input type="checkbox"/> Lower Back Stretch | <input type="checkbox"/> Neck & Shoulder Stretch | <input type="checkbox"/> Neck Stretch |
| <input type="checkbox"/> Hip Raise | <input type="checkbox"/> Quads Stretch & Bal. | <input type="checkbox"/> Single Knee to Chest | <input type="checkbox"/> Upper Back Stretch | <input type="checkbox"/> Ankle Stretch |
| <input type="checkbox"/> Knee Bender | <input type="checkbox"/> Calf Stretch | <input type="checkbox"/> Straight Leg Raise | <input type="checkbox"/> Chest Stretch | <input type="checkbox"/> Hip Stretch |
| <input type="checkbox"/> Side-Straddle Hop | <input type="checkbox"/> Long Sit | <input type="checkbox"/> Elongation Stretch | <input type="checkbox"/> One-Arm Side Stretch | <input type="checkbox"/> Upper Body Wt Tng |
| <input type="checkbox"/> High Jump | <input type="checkbox"/> Hamstring Stretch | <input type="checkbox"/> Turn and Bounce | <input type="checkbox"/> Two-Arm Side Stretch | <input type="checkbox"/> Lower Body Wt Tng |
| <input type="checkbox"/> Jogging in Place | <input type="checkbox"/> Hams. & Calf Stretch | <input type="checkbox"/> Turn and Bend | <input type="checkbox"/> Side Bender | <input checked="" type="checkbox"/> All |

6. AEROBIC CONDITIONING EXERCISES

- Walk at Own Pace and Distance
- Run at Own Pace and Distance
- Bicycle at Own Pace and Distance
- Swim at Own Pace and Distance
- Walk or Run in Pool at Own Pace

- Unlimited Walking
- Unlimited Running
- Unlimited Bicycling
- Unlimited Swimming

- Run at Training Heart Rate for ____ Min.
- Bicycle at Training Heart Rate for ____ Min.
- Swim at Training Heart Rate for ____ Min.

7. FUNCTIONAL ACTIVITIES

- Wear Backpack (40 Lbs.)
- Wear Helmet
- Carry Rifle
- Fire Rifle
- With Hearing Protection
- KP/Mopping/Mowing Grass
- Marching Up to 6 Miles
- Lift Up to 30 Pounds
- All

PHYSICAL FITNESS TEST

- | | |
|--|---|
| <input type="checkbox"/> Two Mile Run | <input checked="" type="checkbox"/> Walk |
| <input checked="" type="checkbox"/> Push-Ups | <input checked="" type="checkbox"/> Swim |
| <input checked="" type="checkbox"/> Sit-Ups | <input checked="" type="checkbox"/> Bicycle |

8. TRAINING HEART RATE FORMULA

MALES 220

FEMALES 225

- MINUS (-) AGE
- MINUS (-) RESTING HEART RATE
- TIMES (X) % INTENSITY
- PLUS (+) RESTING HEART RATE

50% EXTREMELY POOR CONDITION
60% HEALTHY, SEDENTARY INDIVIDUAL
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9. OTHER **Needs medical follow-up in 3 months for re-evaluation of profile.**

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ACTION BY UNIT COMMANDER

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PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)	UNIT
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