Chapter 7
Physical Profiling

7–1. General

This chapter prescribes a system for classifying individuals according to functional abilities. See also paragraphs 3–25, 3–27, 3–30, 3–45, and 3–46 for additional guidance on coronary artery disease, asthma, seizure disorders, and heat and cold injuries.

7–2. Application

The physical profile system is applicable to the following categories of personnel:

a. Registrants who undergo an induction or pre-induction medical examination related to Selective Service processing.

b. All applicants examined for enlistment, appointment, or induction.

c. Members of any component of the U.S. Army throughout their military service, whether or not on active duty.

7–3. Physical profile serial system

a. The physical profile serial system is based primarily upon the function of body systems and their relation to military duties. The functions of the various organs, systems, and integral parts of the body are considered. Since the analysis of the individual's medical, physical, and mental status plays an important role in assignment and welfare, not only must the functional grading be executed with great care, but clear and accurate descriptions of medical, physical, and mental deviations from normal are essential.

b. In developing the system, the functions have been considered under six factors designated "P–U–L–H–E–S." Four numerical designations are used to reflect different levels of functional capacity. The basic purpose of the physical profile serial is to provide an index to overall functional capacity. Therefore, the functional capacity of a particular organ or system of the body, RATHER THAN THE DEFECT PER SE, will be evaluated in determining the numerical designation 1, 2, 3, or 4.

c. The factors to be considered are as follows:

(1) P—Physical capacity or stamina. This factor, general physical capacity, normally includes conditions of the heart; respiratory system; gastrointestinal system, genitourinary system; nervous system; allergic, endocrine, metabolic and nutritional diseases; diseases of the blood and blood forming tissues; dental conditions; diseases of the breast, and other organic defects and diseases that do not fall under other specific factors of the system.

(2) U—Upper extremities. This factor concerns the hands, arms, shoulder girdle, and upper spine (cervical, thoracic, and upper lumbar) in regard to strength, range of motion, and general efficiency.

(3) L—Lower extremities. This factor concerns the feet, legs, pelvic girdle, lower back musculature and lower spine (lower lumbar and sacral) in regard to strength, range of motion, and general efficiency.

(4) H—Hearing and ears. This factor concerns auditory acuity and disease and defects of the ear.

(5) E—Eyes. This factor concerns visual acuity and diseases and defects of the eye.

(6) S—Psychiatric. This factor concerns personality, emotional stability, and psychiatric diseases.

d. Four numerical designations are assigned for evaluating the individual's functional capacity in each of the six factors. Guidance for assigning numerical designators is contained in table 7–1. The numerical designator is not an automatic indicator of "deployability" or assignment restrictions, or referral to an MEB/PEB. Likewise, the conditions listed in chapter 3, rather than the numerical designator of the profile, will be the determinant for MEB processing.

(1) An individual having a numerical designation of "1" under all factors is considered to possess a high level of medical fitness.

(2) A physical profile designator of "2" under any or all factors indicates that an individual possesses some medical condition or physical defect that may require some activity limitations.

(3) A profile containing one or more numerical designators of "3" signifies that the individual has one or more medical conditions or physical defects that may require significant limitations. The individual should receive assignments commensurate with his or her physical capability for military duty.

(4) A profile serial containing one or more numerical designators of "4" indicates that the individual has one or more medical conditions or physical defects of such severity that performance of military duty must be drastically limited.

e. Anatomical defects or pathological conditions will not of themselves form the sole basis for recommending assignment or duty limitations. While these conditions must be given consideration when accomplishing the profile, the prognosis and the possibility of further aggravation must also be considered. In this respect, profiling officers must consider the effect of their recommendations upon the soldier's ability to perform duty. Profiles must be realistic. All profiles and assignment limitations must be legible, specific, and written in lay terms. If the commander has questions about a profile or is unable to use the soldier within the profile, the procedures in paragraph 7–12 will apply.

(1) Determination of individual assignment or duties to be performed are command/administrative matters. Limitations such as "no field duty," or "no overseas duty," are not proper medical recommendations. (However, they are

included as administrative guidelines in pregnancy profiles.) Profiling officers should provide enough information regarding the soldier's physical limitations to enable the nonmedical commander and AHRC to make a determination on individual assignments or duties.

(2) It is the responsibility of the commander or personnel management officer to determine proper assignment and duty, based upon knowledge of the soldier's profile, assignment limitations, and the duties of his or her grade and MOS.

(3) Table 7–1 contains the physical profile functional capacity guide.

(4) See TB MED 287 for profiling soldiers with pseudofolliculitis.

7–4. Temporary vs. permanent profiles

a. Permanent profiles. A profile is considered permanent unless a modifier of "T" (temporary) is added as described in *b* below. A permanent profile may only be awarded or changed by the authority designated in paragraph 7–6.

(1) If the profile is permanent the profiling officer must assess if the soldier meets retention standards by chapter 3. Those soldiers on active duty who do not meet retention standards must be referred to an MEB as per chapter 3. (See paras 9–10 and 10–26 for disposition of USAR and ARNG soldiers not on active duty who do not meet medical retention standards.)

(2) Those soldiers (active duty and USAR/ARNG) who meet retention standards but have at least a 3 or 4 PULHES serial will be referred to a Medical MOS Retention Board (MMRB) in accordance with AR 600–60, unless waived by the MMRB convening authority.

(3) Permanent profiles may be amended at any time if clinically indicated and will automatically be reviewed at the time of a soldier's periodic examination.

(4) The soldier's commander may also request a review of a permanent profile in accordance with paragraph 7–12.

b. Temporary profiles. A temporary profile is given if the condition is considered temporary, the correction or treatment of the condition is medically advisable, and correction usually will result in a higher physical capacity. Soldiers on active duty and RC soldiers not on active duty with a temporary profile will be medically evaluated at least once every 3 months at which time the profile may be extended by the profiling officer.

(1) The profiling officer must review previous profiles before making a decision to extend a temporary profile. Any extension of a temporary profile must be recorded on DA Form 3349, and if renewed, item 9 on the DA Form 3349 must contain the following statement: "This temporary profile is an extension of a temporary profile first issued on (date)."

(2) Temporary profiles should specify an expiration date. If no date is specified, the profile will automatically expire at the end of 30 days from issuance of the profile. In no case will soldiers carry a temporary profile that has been extended for more than 12 months. If a profile is needed beyond the 12 months the temporary profile should be changed to a permanent profile.

7–5. Representative profile serial and codes

To facilitate the assignment of individuals after they have been given a physical profile serial and for statistical purposes, code designations have been adopted to represent certain combinations of physical limitations or assignment guidance. (See table 7–2.) The alphabetical coding system will be recorded on personnel qualifications records. This coding system will not be used on medical records to identify limitations. The numerical designations under each profile factor, PULHES, are given in table 7–1.

7–6. Profiling officer

a. Commanders of Army MTFs are authorized to designate one or more physicians, dentists, optometrists, podiatrists, audiologists, nurse practitioners, nurse midwives, licensed clinical psychologists, and physician assistants as profiling officers. The commander will assure that those designated are thoroughly familiar with the contents of this regulation. Profiling officer limitations are as follows:

(1) *Physicians.* No limitations.

(2) *Dentists, optometrists, physical therapists, and occupational therapists.* No limitation within their specialty for awarding numerical designators "1" and "2." A temporary numerical designator "3" may be awarded for a period not to exceed 30 days. Any extension beyond 30 days must be signed by a physician. (See para 7–8.)

(3) *Audiologists.* No limitation within their specialty for awarding permanent numerical designators "1," "2," "3," or "4" in cases of sensorineural hearing loss if retrocochlear lesion has been ruled out. Changing from or to a permanent numerical designator "3" or "4" requires the co–signature of a physician approving authority (para 7–8).

(4) *Physician assistants, nurse midwives, nurse practitioners, and licensed clinical psychologists.* Limited to awarding temporary numerical designators "1," "2," and "3" for a period not to exceed 30 days. Any extension of a temporary profile beyond 30 days must be confirmed by a physician, except when the provisions of paragraph 7–9 apply. However, physician assistants with AOC 65DM1 certified in orthopedics have no limitations in awarding temporary orthopedic profiles or permanent profiles with a numerical designator of "1" or "2." Physician assistants

with AOC 65DM1 may award permanent orthopedic profiles of "3" or "4" provided the profile is signed by the physician approving authority.

(5) *Podiatrists.* No limitations within their specialty for awarding temporary or permanent profiles with a numerical designator of "1" or "2." Podiatrists may award permanent profiles of "3" or "4" providing the profile is co-signed by a physician approving authority.

b. MEPS physicians will also be designated as profiling officers. (See para 7–7*b*.)

7–7. Recording and reporting of initial physical profile

a. Individuals accepted for initial appointment, enlistment, or induction in peacetime normally will be given a numerical designator "1" or "2" physical profile in accordance with the instructions contained in this regulation. Initial physical profiles will be recorded on DD Form 2808 by the medical profiling officer at the time of the initial appointment, enlistment, or induction medical examination.

b. The initial physical profile serial will be entered on DD Form 2808 and also recorded on DD Forms 1966/1 through 5 (Record of Military Processing—Armed Forces of the United States), in the appropriate spaces. When the modifier "T" is entered on the profile serial, or in those exceptional cases where the numerical designator "3" is used on initial entry, a brief, nontechnical description of the defect will be recorded in the "Summary of Defects" section on the DD Form 2808, in addition to the exact diagnosis. All physical, geographic, or climatic area limitations applicable to the defect will also be entered in that section. If sufficient room for a full explanation is not available in that section, proper reference will be made in that section number and an additional sheet of paper attached. It is not uncommon for the MEPS to assign a profile with the numerical designator of "3" or "0" pending a medical waiver review of a disqualifying condition. This is for their administrative purposes only. If the individual receives a medical waiver, the waiver documentation completed by the waiver authority should indicate the appropriate profile in accordance with table 7–1.

7–8. Profiling reviews and approvals

a. Permanent "3" or "4" profiles require the signatures of 2 profiling officers, one of which is a physician approving authority (unless the provisions of 7–8*f* apply). (Permanent profiles of "3" or "4" for the IRR are valid with only one signature if signed by the AHRC Surgeon or his/her designee.) Temporary or permanent profiles of "1" or "2" require the signature of one profiling officer. See paragraph 7–6 to determine who is authorized to sign profiles.

b. Situations that require a mandatory review of an existing physical profile include—

(1) Return to duty of a soldier hospitalized. The attending physician will ensure that the patient has the correct physical profile, assignment limitations(s), and medical followup instructions, as appropriate.

(2) When directed by the appointing authority in cases of a problematical or controversial nature requiring temporary revision of profile.

(3) At the time of the periodic medical examination.

(4) Upon request of the unit commander.

(5) On request of a PEB.

c. A temporary revision of profile will be completed when, in the opinion of the profiling officer, the functional capacity of the individual has changed to such an extent that it temporarily alters the individual's ability to perform duty. Temporary profiles written on DA Form 3349 will not exceed 3 months except as provided for in paragraphs 7–8*d* and 7–9. Temporary profiles written on DD Form 689 (Individual Sick Slip) will not exceed 30 days.

d. Tuberculous patients returned to a duty status who require anti-tuberculous chemotherapy following hospitalization will be given a temporary "2" profile under the P factor of the physical profile for a period of 1 year with recommendation that the soldier be placed on duty at a fixed installation and will be provided the required medical supervision for a period of 1 year.

e. The physical profile in controversial or equivocal cases may be verified or revised by the hospital commander or command surgeon.

f. Physical profiles for Reservists not on active duty may be accomplished by the U.S. Army Regional Readiness Command (RRC) surgeons, division staff surgeons, Active Army or USAR medical facility profiling officers, the Army Reserve (ARC) Command Surgeon, the AHRC Command Surgeon or their designees. For ARNG/ARNGUS soldiers not on active duty, profiles will be accomplished by State ARNG/ARNGUS providers. The respective State Surgeons will be the approving authority for permanent "3" or "4" profiles. Approval authorities for the Army Reserve are the ARC Command Surgeon, the AHRC Command Surgeon, the U.S. Army Special Operations Command Surgeon, and the Regional Readiness Command Surgeons. Division surgeons that function as Command surgeons may be delegated profile approving authority by the supporting RRC Surgeon or the ARC Command Surgeon.

g. Individuals who were found unfit by a PEB but COAD used to be assigned a code "V" on their physical profile code. The code "V" is no longer used for this purpose but rather to identify soldiers with restrictions on deployment.

h. MEB members must ensure that the physical profile and assignment limitations are fully recorded on DA Form 3349. In cases where the soldier is referred to a PEB, a copy of the most current DA Form 3349 will be forwarded to the PEB with the MEB proceeding, with distribution of the form as indicated in the "Distribution" block of DA Form

3349. Cooperation between the MEBs, PEB liaison officers, and the PEB is essential when additional medical information or profile reconsideration is requested from the MTF by the PEB. The limitations described on the profile form may affect the decision of fitness by the PEB. Table 7–1 should be used when determining the numerical designator of the PULHES factors. (For example, a soldier should not be given a "3" or "4" solely on the basis of a referral to a PEB.)

7–9. Profiling pregnant soldiers

a. Intent. The intent of these provisions is to protect the fetus while ensuring productive use of the soldier. Common sense, good judgement, and cooperation must prevail between policy, soldier, and soldier's commander to ensure a viable program. This profile has been revised from the previous profile published in the 1995 edition of this regulation. This revision includes mandating an occupation health interview to assess risks to the soldier and fetus and adding additional restrictions to reduce exposure to solvents, lead, and fuels that may be associated with adverse pregnancy outcomes.

b. Responsibilities.

(1) *Soldier.* The soldier will seek medical confirmation of pregnancy and will comply with the instructions of medical personnel and the individual's unit commander.

(2) *Medical personnel.* A physician will confirm pregnancy and once confirmed will initiate prenatal care of the soldier and issue a physical profile. Nurse midwives or nurse practitioners are authorized to issue routine or standard pregnancy profiles for the duration of the pregnancy. An occupational history will be taken at the first visit to assess potential exposures related to the soldier's specific MOS. This history is ideally taken by the occupational medicine physician or nurse. However, if this is not feasible, the profiling officer must complete the occupational history. After review of the occupational history, the profiling physician, in conjunction with the occupational health clinic as needed, will determine whether any additional occupational exposures, other than those indicated in the paragraphs below, should be avoided for the remainder of the pregnancy. Examples include but are not limited to hazardous chemicals, ionizing radiation, and excessive vibration. If the occupational history or industrial hygiene sampling data indicate significant exposure to physical, chemical, or biological hazards, then the profile should be revised to restrict exposure from these workplace hazards.

(3) *Unit commander.* The commander will counsel all female soldiers as required by AR 600–8–24 or AR 635–200. The unit commander will consult with medical personnel as required. This includes establishing liaison with the occupational health clinic and requesting site visits by the occupational health personnel if necessary to assess any work place hazards.

c. Physical profiles.

(1) Profiles will be issued for the duration of the pregnancy. The MTF should ensure that the unit commander is provided a copy of the profile, and advise the unit commander as required. Upon termination of pregnancy, a new profile will be issued reflecting revised profile information. Physical profiles will be issued as follows:

(2) Under factor "P" of the physical profile, indicate "T–3."

(3) List diagnosis as "pregnancy, estimated delivery date."

d. Limitations. Unless superceded by an occupational health assessment, the standard pregnancy profile, DA Form 3349, will indicate the following limitations:

(1) Except under unusual circumstances, the soldier should not be reassigned to overseas commands until pregnancy is terminated. (See AR 614–30 for waiver provisions and for criteria curtailing OCONUS tours.) She may be assigned within CONUS. Medical clearance must be obtained prior to any reassignment.

(2) The soldier will not receive an assignment to duties where nausea, easy fatigue, or sudden lightheadedness would be hazardous to the soldier, or others, to include all aviation duty, Classes 1/1A/2/3. (However, there are specific provisions in para 4–13*c* that allow the aircrew member to request and be granted permission to remain on flight status. ATC personnel may continue ATC duties with approval of the flight surgeon, obstetrician, and ATC supervisor.)

(3) Restrict exposures to military fuels. Pregnant soldiers must be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel such as fuel handling or otherwise filling military vehicles with fuels such as mogas, JP8, and JP4.

(4) No weapons training in indoor firing ranges due to airborne lead concentrations and bore gas emissions. Firing of weapons is permitted at outdoor sites. (See (9), below, for other weapons training restrictions.) No exposure to organic solvent vapors above permissible levels. (For example, work in ARMS room is permitted if solvents are restricted to 1999 MIL–PRF–680, degreasing solvent.)

(5) No work in the motor pool involving painting, welding, soldering, grinding, and sanding on metal, parts washing, or other duties where the soldier is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes (for example, motor vehicle mechanics). It does not apply to pregnant soldiers who perform preventive maintenance checks and services (PMCS) on military vehicles using impermeable gloves and coveralls, nor does it apply to soldiers who do work in areas adjacent to the motor pool bay (for example, administrative offices) if the work site is adequately ventilated and industrial hygiene sampling shows

carbon monoxide, benzene, organic solvent vapors, metal dusts and fumes do not pose a hazard to pregnant soldiers. (See (11), below, for PMCS restrictions at 20 weeks of pregnancy.)

(6) The soldier should avoid excessive vibrations. Excessive vibrations occur in larger ground vehicles (greater than 1 1/4 ton) when the vehicle is driven on unpaved surfaces.

(7) Upon the diagnosis of pregnancy, the soldier is exempt from mandatory physical training (PT) and from PT testing. Pregnant soldiers are encouraged to participate in a pregnancy PT program, where available. If they participate in a pregnancy PT program, they should obtain the profiling officer's approval prior to beginning the program. The soldier is exempt from wearing of load bearing equipment, including web belt.

(8) The soldier is exempt from all immunizations except influenza and tetanus-diphtheria and from exposure to all fetotoxic chemicals noted on the occupational history form. The soldier is exempt from exposure to chemical warfare and riot control agents (for example, nuclear, biological, and chemical training) and wearing MOPP gear at any time.

(9) The soldier may work shifts.

(10) The soldier must not climb or work on ladders or scaffolding.

(11) At 20 weeks of pregnancy, the soldier is exempt from standing at parade rest or attention for longer than 15 minutes. The soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training. The soldier should not ride in, perform PMCS on, or drive in vehicles larger than light medium tactical vehicles due to concerns regarding balance and possible hazards from falls.

(12) At 28 weeks of pregnancy, the soldier must be provided a 15-minute rest period every 2 hours. Her workweek should not exceed 40 hours and the soldier should not work more than 8 hours in any one day. The duty day begins when reporting for formation or duty and ends 8 hours later.

e. Performance of duty. A woman who is experiencing a normal pregnancy may continue to perform military duty until delivery. Only those women experiencing unusual and complicated problems (for example, pregnancy-induced hypertension) will be excused from all duty, in which case they may be hospitalized or placed sick in quarters. Medical personnel will assist unit commanders in determining duties.

f. Sick in quarters. A pregnant soldier will not be placed sick in quarters solely on the basis of her pregnancy unless there are complications present that would preclude any type of duty performance.

7–10. Postpartum profiles

a. Convalescent leave (as prescribed by AR 600–8–10) after delivery will be for a period determined by the attending physician. This will normally be for 42 days following normal pregnancy and delivery.

b. Convalescent leave after a termination of pregnancy (for example, miscarriage) will be determined on an individual basis by the attending physician.

c. Prior to commencing convalescent leave, postpartum soldiers will be issued a post partum profile. The temporary profile will be for 45 days. It begins on the day of birth or termination of pregnancy and will allow PT at the soldier's own pace. If a soldier decides to return early from convalescent leave, the temporary profile remains in effect for the entire 45 days.

d. Soldiers will receive clearance from the profiling officer to return to full duty.

e. In accordance with DOD Directive 1308.1, post partum soldiers are exempt from the APFT for 180 days following termination of pregnancy. They are expected to use the time in preparation for the APFT after receiving clearance from their physician to resume physical training.

f. The above guidance will only be modified if, upon evaluation of a physician, it has been determined the post partum soldier requires a more restrictive or longer profile because of complicated or unusual medical problems.

7–11. Preparation, approval, and disposition of DA Form 3349

a. Preparation of DA Form 3349.

(1) DA Form 3349 will be used to record both permanent profiles and temporary profiles. DD Form 689 (Individual Sick Slip) may be used in lieu of DA Form 3349 for temporary profiles not to exceed 30 days and may include information on activities the soldier can perform as well as the physical limitations. An SF 600 may be used to attach additional information to the DA Form 3349 on the physical activities a soldier can or cannot perform if there is inadequate space on the DA Form 3349. This additional SF 600 should be clearly labeled as a continuation of the DA Form 3349.

(2) DA Form 3349 will be prepared as follows:

(a) Item 1. Record medical conditions and/or physical defects in common usage, nontechnical language that a layman can understand. For example, "compound comminuted fracture, left tibia" might simply be described as "broken leg." The checkboxes labeled Injury and Illness/Disease are used for tracking purposes. Check the injury box if the soldier's medical condition is the result of an injury; otherwise, check the box labeled Illness/Disease.

(b) Item 2. Code designations (defined in table 7-2) are limited to permanent profiles for administrative use only and are to be completed by the profiling officer. The complete assignment limitations are recorded in item 10.

(c) Item 3. Enter under each permanent and temporary PULHES factors the appropriate profile serial code (1, 2, 3, 4, as prescribed) for the specific PULHES factor. A soldier may have a permanent profile for one condition and a

temporary profile for another. All permanent profile blocks must be filled in. Only the applicable block under the temporary profile needs to be completed. For example, a soldier with a sprain ankle who has permanent H3 hearing loss would be coded 111311 in the permanent PULHES space but _ _ 3 _ _ under the temporary PULHES space.

(d) Item 4. Check the appropriate block for the type of profile. If the profile is temporary, enter the expiration date. If the profile is permanent, the profiling officer must assess if the soldier meets retention standards by chapter 3. Those soldiers on active duty who do not meet retention standards must be referred to an MEB as per chapter 3. (See paras 9-10 and 10-26 for disposition of USAR and ARNG soldiers not on active duty who do not meet medical retention standards). Those soldiers (active duty and USAR/ARNG) who meet retention standards but have at least a 3 or 4 PULHES serial will be referred to a Medical MOS Retention Board (MMRB) in accordance with AR 600-60, unless waived by the MMRB convening authority.

(e) Item 5. Answer Yes or No to items 5a through 5f. These functional activities are the minimum requirements to be considered medically qualified for worldwide deployment. If any answer is No then the appropriate profile serial should in most cases be at least a 3. This will ensure that the soldier's case will be individually reviewed by either an MEB or MMRB.

(f) Item 6. Physical Fitness Test. Check either yes or no to indicate whether the soldier can perform the activities for the APFT. The yes or no blocks on the alternate APFT need only be completed if the soldier has restrictions for the regular APFT. If the soldier cannot perform at least an alternate APFT the profile serial should be at least a 3.

(g) Item 7. Check yes or no for all standard aerobic conditioning activities that the individual can or cannot do. The yes or no blocks on the modified aerobic conditioning activities need only be completed if there are restrictions on the standard conditioning activities.

(h) Item 8 and 9. Check either yes or no to indicate whether the soldier can or cannot perform upper or lower body weight training according to FM 21-20.

(i) Item 10. This space is for the following uses. In accordance with paragraph 7–4*b*, the profiling officer must review previous profiles before making a decision to extend a temporary profile. If this is an extension of a previous temporary profile, fill in the date of the original temporary profile in the space provided. Item 10 may also be used to list any other physical activity or physical activity restrictions not listed elsewhere on the form. Item 10 is continued on page 2 of the profile if there is insufficient space in item 10 on the front of the profile. Page 2 of the profile is optional.

(j) Item 11. This is optional. It allows the profiling officer to put specific limits on some common functional activities with respect to time, distance, weight and repetition parameters. If no values are listed it will be assumed these are within the normal limitations of a healthy individual.

(k) Item 12, Item 13, and Item 14 signatures. Print name and grade of profiling officer, signature, and date. Permanent "1" or "2" profiles require the signature of one profiling officer. The signature of the profiling officer for "1" or "2" profiles is written in the section: "Typed name and grade of profiling officer." Permanent "3" or "4" profiles require the signatures of two profiling officers, one of which is the physician approving authority (unless the provisions of 7-8*f* apply). (See para 7-8 to determine who is qualified to be a profiling officer.) Temporary profiles require only the signature of one profiling officer except for extensions of profiles noted in para 7-6*a*(2).

(l) Item 15, Item 16, Item 17, and Item 18. Action by approving authority. The approving authority checks "approved or not approved," signs, and dates the profile form. The approving authority will be designated by the MTF commander. (In the case of RC soldiers not on active duty, see para 7-8f.) The approving authority for permanent "3" or "4" profiles must be a physician. If the approving authority does not concur with the profiling officer recommendation, the MTF commander will make the final decision.

(m) Item 19, Item 20, and Item 21. Action by the unit commander. This paragraph is optional and used if the commander disagrees with the profile and wants the profiling officer to reconsider the profile. It is also used if the commander indicates that the profile requires a change in the soldier's MOS or duty assignment (see para 7-12b).

(n) Item 24. Include patient identification.

(o) Item 25. Include soldier's unit.

(p) Item 26. Include the name of the issuing clinic and provider phone number. Provider e-mail is optional.

b. Disposition of the physical profile form (permanent profiles) by the MTF. The unit commander and MILPO copies of DA Form 3349 will be delivered by means other than the individual on whom the report is made.

(1) Original to the soldier's health record.

(2) One copy to the unit commander.

(3) One copy to the soldier.

(4) One copy to the MILPO.

c. Disposition of the physical profile form (temporary profiles).

(1) Original in the soldier's health record.

(2) One copy to the unit commander.

(3) One copy to the soldier.

d. The profiling officer (or approving authority if applicable) is responsible for ensuring the PULHES and Date of Profile is entered into the Medical Protection System (MEDPROS).

7–12. Responsibility for personnel actions

a. Unit commanders and personnel officers are responsible for necessary personnel actions, including appropriate entries on personnel management records and the assignment of the individual to military duties commensurate with the individual's physical profile and recorded assignment limitations.

b. If the soldier's commander believes the soldier cannot perform with the permanent profile, the commander will make appropriate comments on the profile form in the section entitled "Action by Unit Commander" and request reconsideration of the profile by the profiling physician. Reconsideration must be accomplished by the physician who will either amend the profile or revalidate the profile as appropriate. Commanders may also request a review of temporary profiles.

7–13. Physical profile and the Army Weight Control Program

DA Form 3349 will not be used to excuse soldiers from the provisions of AR 600–9. AR 600–9 contains a standard memorandum for completion by a physician if there is an underlying or associated disease process that is the cause of the overweight condition. The inability to perform all APFT events or the use of certain medications is not generally considered sufficient medical rationale to exempt a soldier from AR 600–9.

Table 7–1
Physical profile functional capacity guide

Profile	P	U	L	H	E	S
Serial	Physical capacity	Upper extremities	Lower extremities	Hearing–ears	Vision–eyes	Psychiatric
Factors to be considered.	Organic defects, strength, stamina, agility, energy, muscular coordination, function, and similar factors.	Strength, range of motion, and general efficiency of upper arm, shoulder girdle, and upper back, including cervical and thoracic vertebrae.	Strength, range of movement, and efficiency of feet, legs, lower back and pelvic girdle.	Auditory sensitivity and organic disease of the ears	Visual acuity, and organic disease of the eyes and lids.	Type severity, and duration of the psychiatric symptoms or disorder existing at the time the profile is determined. Amount of external precipitating stress. Predisposition as determined by the basic personality makeup, intelligence, performance, and history of past psychiatric disorder impairment of functional capacity
1	Good muscular development with ability to perform maximum effort for indefinite periods.	No loss of digits or limitation of motion; no demonstrable abnormality; able to do hand to hand fighting.	No loss of digits or limitation of motion; no demonstrable abnormality; able to perform long marches, stand over long periods, run.	Audiometer average level for each ear not more than 25 dB at 500, 1000, 2000 Hz with no individual level greater then 30 dB. Not over 45 dB at 4000 Hz	Uncorrected visual acuity 20/200 correctable to 20/20, in each eye.	No psychiatric pathology. May have history of a transient personality disorder.
2	Able to perform maximum effort over long periods.	Slightly limited mobility of joints, muscular weakness, or other musculo-skeletal defects that do not prevent hand–to–hand fighting and do not disqualify for prolonged effort.	Slightly limited mobility of joints, muscular weakness, or other musculo-skeletal defects that do not prevent moderate marching, climbing, timed walking, or prolonged effort.	Audiometer average level for each ear at 500, 1000, 2000 Hz, or not more than 30 dB, with no individual level greater than 35 dB at these frequencies, and level not more than 55 dB at 4000 Hz; or audiometer level 30 dB at 500 Hz, 25 dB at 1000 and 2000 Hz, and 35 dB at 4000 Hz in better ear. (Poorer ear may be deaf.)	Distant visual acuity correctable to not worse than 20/40 and 20/70, or 20/30 and 20/100, or 20/20 and 20/400.	May have history of recovery from an acute psychotic reaction due to external or toxic causes unrelated to alcohol or drug addiction.
3	Unable to perform full effort except for brief or moderate periods.	Defects or impairments that require *significant* restriction of use.	Defects or impairments that require *significant* restriction of use.	Speech reception threshold in best ear not greater than 30 dB HL, measured with or without hearing aid; or acute or chronic ear disease.	Uncorrected distant visual acuity of any degree that is correctable not less than 20/40 in the better eye.	Satisfactory remission from an acute psychotic or neurotic episode that permits utilization under specific conditions (assignment when outpatient psychiatric treatment is available or certain duties can be avoided).
4	*Functional level below P3.*	*Functional level below U3.*	*Functional level below L3.*	*Functional level below H3.*	*Visual acuity below E3.*	Does not meet S3 above.

Table 7–2
Profile codes*

Code	Description/assignment limitation	Medical criteria (examples)
CODE A	No assignment limitation.	No demonstrable anatomical or physiological impairment within standards established in table 7–1.
CODE B	May have assignment limitations that are intended to protect against further physical damage/injury. May have minor impairments under one or more PULHES factors that disqualify for certain MOS training or assignment.	Minimal loss of joint motion, visual and hearing loss
CODES C through P	Possesses impairments that limit functions or assignments. *The codes listed below are for military personnel administrative purposes. Corresponding limitations are general guidelines and are not to be taken as verbatim limitations. (For example, a soldier with a code C may not be able to run but may have no restrictions on marching or standing.) Item 3 of DA Form 3349 will contain the specific limitations.*	
CODE C	Limitations in running, marching, standing for long periods etc.	Orthopedic or neurological conditions
CODE D	Limitations in any type of strenuous physical activity.	Organic cardiac disease; pulmonary insufficiency
CODE E	Limitations requiring dietary restrictions preventing consumption of combat rations.	Endocrine disorders–recent or repeated peptic ulcer activity–chronic gastrointestinal disease requiring dietary management.
CODE F	Limitations prohibiting assignment or deployment to OCONUS areas where definitive medical care is not available.	Individuals who require continued medical supervision with hospitalization or frequent outpatient visits for serious illness or injury.
CODE G	Limitations prohibiting wearing Kevlar, LBE, lifting heavy materials required of the MOS, overhead work.	Arthritis of the neck or joints of the extremities with restricted motion; disk disease; recurrent shoulder dislocation.
CODE H	Limitations on duty where sudden loss of consciousness would be dangerous to self or to others such as work on scaffolding, vehicle driving, or near moving machinery.	Seizure disorders; other disorders producing syncopal attacks of severe vertigo, such as Meniere's syndrome.
CODE J	Hearing Protection Measures required to prevent further hearing loss. 1. No exposure to noise in excess of 85 dBA (decibels measured on the A scale) or weapon firing without use of properly fitted hearing protection. Annual hearing test required. 2. Further exposure to noise is hazardous to health. No duty or assignment to noise levels in excess of 85 dBA or weapon firing (not to include firing for preparation of replacements for overseas movement (POR) qualification or annual weapons qualification with proper ear protection). Annual hearing test required. 3. No exposure to noise in excess of 85 dBA or weapon firing without use of properly fitted hearing protection. This individual is 'deaf' in one ear. Any permanent hearing loss in the good ear will cause a serious handicap. Annual Hearing test required. 4. Further duty requiring exposure to high intensity noise is hazardous to health. No duty or assignment to noise levels in excess of 85 dBA or weapon firing (not to include firing for overseas movement (POR) or weapon firing without use of properly ear protection). No duty requiring acute hearing. A hearing aid must be worn to meet medical fitness standards.	Susceptibility to acoustic trauma.

Table 7–2
Profile codes*—Continued

Code	Description/assignment limitation	Medical criteria (examples)
CODE L	Limitations restricting assignment to cold climates.	Documented history of cold injury; vascular insufficiency; collagen disease, with vascular or skin manifestations.
CODE M	Limitations restricting exposure to high environmental temperature.	History of heat stroke; history of skin malignancy or other chronic skin diseases that are aggravated by sunlight or high environmental temperature.
CODE N	Limitations restricting wearing of combat boots.	Any vascular or skin condition of the feet or legs that, when aggravated by continuous wear of combat boots, tends to develop unfitting ulcers.
CODE P	Limitations restricting wearing or being exposed to required items necessary to perform duty (for example, Latex, wool).	Established allergy to wool, latex.
CODE U	Limitation not otherwise described, to be considered individually. (Briefly define limitation in item 8.)	Any significant functional assignment limitation not specifically identified elsewhere.
CODE V	Deployment. This code identifies a soldier with restrictions on deployment. Specific restrictions are noted in the medical record.	
CODE W	MMRB. This code identifies a soldier with a permanent profile who has been returned to duty by an MMRB (MOS Medical Review Board.)	
CODE Y	Fit for duty. This code identifies the case of a soldier who has been determined to be fit for duty (not entitled to separation or retirement because of physical disability) after complete processing under AR 635–40.	

Notes:
* Codes do not automatically correspond to a specific numerical designator of the profile but are based on the general physical/assignment limitations.

Chapter 8
Medical Examinations—Administrative Procedures

8–1. General

(See chap 6 for aviation administration procedures.) This chapter provides—

a. General administrative policies relative to military medical examinations.

b. Requirements for periodic, separation, mobilization, and other medical examinations.

c. Policies relative to hospitalization of examinees for diagnostic purposes and use of documentary medical evidence, consultations, and the individual health record.

d. Policies relative to the scope and recording of medical examinations accomplished for stated purposes.

8–2. Applications

The provisions contained in this chapter apply to all medical examinations accomplished at U.S. Army medical facilities or accomplished for the U.S. Army.

8–3. Physical fitness

Maintenance of physical and medical fitness is an individual military responsibility, particularly with reference to preventable conditions and remediable defects. Soldiers have an obligation to maintain themselves in a state of good physical condition so that they may perform their duties efficiently. Soldiers should seek timely medical advice whenever they have reason to believe that a medical condition or physical defect affects, or is likely to affect, their physical or mental well–being. They should not wait until the time of their periodic medical examination to make such a condition or defect known. Commanders will bring this matter to the attention of all soldiers during initial orientation and periodically throughout their period of service.

8–4. Consultations

a. The use of specialty consultants, either military or civilian, is authorized in AR 40–400 and AR 601–270/AFR 33–7/MCO P–1100.75A.