

APPENDIX B

POSITIVE PROFILE FORM

PHYSICAL PROFILE																				
For use of this form, see AR 40-593; the proponent agency is the Office of the Surgeon General.																				
1. MEDICAL CONDITION		2. <table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	P	U	L	H	E	S												
P	U	L	H	E	S															
3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS																				
4. THIS PROFILE IS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY EXPIRATION DATE																				
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 & SHLDR 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 JUMPER <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		8. TRAINING HEART RATE FORMULA																		
<input type="checkbox"/> WALK AT OWN PACE AND DISTANCE <input type="checkbox"/> RUN AT OWN PACE AND DISTANCE <input type="checkbox"/> BICYCLE AT OWN PACE AND DISTANCE <input type="checkbox"/> SWIM AT OWN PACE AND DISTANCE <input type="checkbox"/> WALK OR RUN IN POOL AT OWN PACE <input type="checkbox"/> UNLIMITED WALKING <input type="checkbox"/> UNLIMITED RUNNING <input type="checkbox"/> UNLIMITED BICYCLING <input type="checkbox"/> UNLIMITED SWIMMING <input type="checkbox"/> RUN AT TRAINING HEART RATE FOR ____ MIN <input type="checkbox"/> BICYCLE AT TRAINING HEART RATE FOR ____ MIN <input type="checkbox"/> SWIM AT TRAINING HEART RATE FOR ____ MIN		<table border="1"> <tr> <td>MALES 220</td> <td>FEMALES 225</td> </tr> <tr> <td colspan="2">MINUS (-) AGE</td> </tr> <tr> <td colspan="2">MINUS (-) RESTING HEART RATE</td> </tr> <tr> <td colspan="2">TIMES (X) % INTENSITY</td> </tr> <tr> <td colspan="2">PLUS (+) RESTING HEART RATE</td> </tr> <tr> <td colspan="2">50% - EXTREMELY POOR CONDITION</td> </tr> <tr> <td colspan="2">60% - HEALTHY, SEDENTARY INDIVIDUAL</td> </tr> <tr> <td colspan="2">70% - MODERATELY ACTIVE, MAINTENANCE</td> </tr> <tr> <td colspan="2">80% - WELL TRAINED PERSON</td> </tr> </table>	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 PERSON	
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7. FUNCTIONAL ACTIVITIES																				
<input type="checkbox"/> WEAR BACKPACK (40 LBS) <input type="checkbox"/> WEAR HELMET <input type="checkbox"/> CARRY RIFLE <input type="checkbox"/> FIRE RIFLE <input type="checkbox"/> WITH HEARING PROTECTION <input type="checkbox"/> KP/MOPPING/MOWING GRASS <input type="checkbox"/> MARCHING UP TO ____ FLOORS <input type="checkbox"/> LIFT UP TO ____ POUNDS <input type="checkbox"/> ALL <input type="checkbox"/> PHYSICAL FITNESS TEST																				
9. OTHER																				
TYPED NAME AND GRADE OF PROFILING OFFICER		SIGNATURE																		
TYPED NAME AND GRADE OF PROFILING OFFICER		SIGNATURE																		
ACTION BY APPROVING AUTHORITY																				
PERMANENT CHANGE OF PROFILE IS <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED																				
TYPED NAME, GRADE, & TITLE OF APPROVING AUTHORITY		SIGNATURE																		
ACTION BY UNIT COMMANDER																				
THIS PERMANENT CHANGE IN THE PHYSICAL PROFILE SERIAL <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT REQUIRE A CHANGE IN THE MEMBER'S																				
<input type="checkbox"/> MILITARY OCCUPATIONAL SPECIALTY <input type="checkbox"/> DUTY ASSIGNMENT BECAUSE																				
TYPED NAME AND GRADE OF UNIT COMMANDER		SIGNATURE																		
TYPED NAME AND GRADE OF UNIT COMMANDER		SIGNATURE																		
PATIENT'S IDENTIFICATION (For typed or written entries give: Name Last, First, middle, grade, date, hospital or medical facility)		ISSUING CLINIC AND PHONE NUMBER																		
		DISTRIBUTION																		
		UNIT COMMANDER - ORIGINAL & 1 COPY HEALTH RECORD JACKET - 1 COPY CLINIC FILE - 1 COPY HQDA (DAPC EPA), 2461 EISENHOWER AVE. ALEXANDRIA, VA 20310-2200 - 1 COPY																		

DA FORM 3349, MAY 86 REPLACES DA FORM 5302-R (TEST) AND DA FORM 3349 DATED 1 JUN 80.

Figure B-1