

PHYSICAL PROFILE

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

1. MEDICAL CONDITION	2.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 16.6%;">P</td> <td style="width: 16.6%;">U</td> <td style="width: 16.6%;">L</td> <td style="width: 16.6%;">H</td> <td style="width: 16.6%;">E</td> <td style="width: 16.6%;">S</td> </tr> <tr> <td style="height: 20px;"> </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	CODES
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4. THIS PROFILE IS PERMANENT 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 & 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

<p>6. AEROBIC CONDITIONING EXERCISES</p> <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.	<p>7. FUNCTIONAL ACTIVITIES</p> <input type="checkbox"/> Wear Backpack (40 Lbs.) <input type="checkbox"/> Wear Helmet <input type="checkbox"/> Carry Rifle <input type="checkbox"/> Fire Rifle <p style="text-align: center;">With Hearing Protection</p> <input type="checkbox"/> KP/Mopping/Mowing Grass <input type="checkbox"/> Marching Up to ____ Miles <input type="checkbox"/> Lift Up to ____ Pounds <input type="checkbox"/> All <p>PHYSICAL FITNESS TEST</p> <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	<p>8. TRAINING HEART RATE FORMULA</p> <p style="text-align: center;">MALES 220 FEMALES 225</p> <p style="text-align: center;">MINUS (-) AGE MINUS (-) RESTING HEART RATE TIMES (X) % INTENSITY PLUS (+) RESTING HEART RATE</p> <hr style="width: 50%; margin: 10px auto;"/> <p>50% EXTREMELY POOR CONDITION 60% HEALTHY, SEDENTARY INDIVIDUAL 70% MODERATELY ACTIVE, MAINTENANCE 80% WELL TRAINED INDIVIDUAL</p>
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9. OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

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
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GROIN STRETCH (BUTTERFLY)



HAMSTRING STRETCH



CHEST STRETCH



HIP RAISE



HAMSTRING AND CALF STRETCH



ONE-ARM SIDE STRETCH



KNEE BENDER



LOWER BACK STRETCH



TWO-ARM SIDE STRETCH



SIDE-STRADDLE HOP



SINGLE KNEE TO CHEST



SIDE BENDER



HIGH JUMPER



SINGLE STRAIGHT LEG RAISE



NECK STRETCH



JOGGING IN PLACE



ELONGATION STRETCH



ANKLE STRETCH



THIGH STRETCH



TURN AND BOUNCE



HIP STRETCH



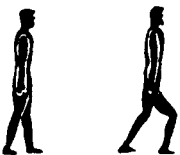
QUADS STRETCH AND BALANCE



TURN AND BEND

UPPER BODY WEIGHT TRAINING

(See FM 21-20)



CALF STRETCH



NECK AND SHOULDER STRETCH

LOWER BODY WEIGHT TRAINING

(See FM 21-20)



LONG SIT



UPPER BACK STRETCH

FOR WRITTEN DESCRIPTION

OF THESE EXERCISES

SEE FM 21-20, AUGUST 1985