

# APPENDIX B

## POSITIVE PROFILE FORM

PHYSICAL PROFILE													
For use of this form, see AR 40-593, the governing agency is the Office of The Surgeon General.													
1. MEDICAL CONDITION	2. <table border="1" style="width: 100%; text-align: center;"> <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	<b>MALES 220    FEMALES 225</b> 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												
7. FUNCTIONAL ACTIVITIES	9. OTHER												
<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"/> KP/MOPPING/MOWING GRASS <input type="checkbox"/> MARCHING UP TO _____ STEPS <input type="checkbox"/> LIFT UP TO _____ POUNDS <input type="checkbox"/> ALL 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													
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