APPENDIX B

POSITIVE PROFILE FORM

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

P	U	L	H	E	S

3 ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

4 THIS PROFILE IS ☐ PERMANENT ☐ TEMPORARY EXPIRATION DATE

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

☐GROIN STRETCH	☐THIGH STRETCH	☐LOWER BACK STRETCH	☐NECK & SHLDR STRETCH	☐NECK STRETCH
☐HIP RAISE	☐QUADS STRETCH & BAL	☐SINGLE KNEE TO CHEST	☐UPPER BACK STRETCH	☐ANKLE STRETCH
☐KNEE BENDER	☐CALF STRETCH	☐STRAIGHT LEG RAISE	☐CHEST STRETCH	☐HIP STRETCH
☐SIDE STRADDLE HOP	☐LONG SIT	☐ELONGATION STRETCH	☐ONE ARM SIDE STRETCH	☐UPPER BODY WT TNG
☐HIGH JUMPER	☐HAMSTRING STRETCH	☐TURN AND BOUNCE	☐TWO ARM SIDE STRETCH	☐LOWER BODY WT TNG
☐JOGGING IN PLACE	☐HAMS & CALF STRETCH	☐TURN AND BEND	☐SIDE BENDER	☐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 _____ POUNDS
☐ALL

PHYSICAL FITNESS TEST

☐TWO MILE RUN ☐WALK
☐PUSH UPS ☐SWIM
☐SIT UPS ☐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 PERSON

9 OTHER

TYPED NAME AND GRADE OF PROFILING OFFICER | SIGNATURE | DATE

TYPED NAME AND GRADE OF PROFILING OFFICER | SIGNATURE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE IS ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE, & TITLE OF APPROVING AUTHORITY | SIGNATURE | DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN THE PHYSICAL PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN THE MEMBER'S
☐ MILITARY OCCUPATIONAL SPECIALTY ☐ DUTY ASSIGNMENT BECAUSE

TYPED NAME AND GRADE OF UNIT COMMANDER | SIGNATURE | DATE

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.

SAMPLE

Figure B-1