



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, III CORPS AND FORT HOOD
1001 761ST TANK BATTALION AVENUE
FORT HOOD, TEXAS 76544-5000

COMMAND POLICY
SURG-05

JUN 18 2012

AFZF-MD

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Utilization of the Physical Profile

1. References.

- a. AR 40-501, Chapter 7, 14 December 2007.
- b. Standards of Medical Fitness, Rapid Action Revision, 23 August 2010.

2. Applicability. This policy applies to all III Corps and Fort Hood units and tenant activities.

3. Purpose: To inform commanders of the requirement to ensure leaders at all levels in their command adhere to the restrictions/limitations documented on DA Form 3349 (Physical Profile) by medical and behavioral health (BH) personnel and not view them as "recommendations."

4. Bottom Line: The intent of physical profiling is to ensure qualified medical and BH personnel determine functional activities and limitations/restrictions related to medical and BH conditions. If a commander disagrees with the profile issued in e-Profile, they are required to notify the profiling officer to discuss the Soldiers' limitations and request reconsideration. In problematic or controversial cases that cannot be resolved at or below the battalion level, they will be referred to the Medical Treatment Facility Commander by the first O-6 in the Soldier's chain of command.

5. Background:

a. The DA 3349 is utilized to document the limitations of a Soldier based on evaluation of their mental, medical and physical status. There are two key players in this process, the profiling provider and the unit commander.

b. The profiling provider is required to evaluate the Soldier's condition and determine restrictions based on the risk of aggravation or further injury if the Soldier participates in certain activities. These limitations must be written clearly and in layman's terms. Limitations will be specific and realistic; general remarks such as "no field duty" will not be utilized. The only exception is BH conditions where "no simulated combat conditions" is a valid profile for certain BH conditions.

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6. Unit commanders will review all duty limitations on each Soldier's e-Profile to determine assignments and positions based on a logical progression of those limitations. For example, no Kevlar or improved outer tactical vest, would mean the Soldier is unable to participate in ranges; drive military vehicles, or deploy into a combat environment. Likewise, some limitations require the use of sound judgment on the leader's behalf and should not be taken literally. For example, "no lifting 40 lbs" means that a Soldier should be restricted from lifting heavy objects; it does not mean the Soldier is capable of lifting 39 lbs or less for indefinite periods of time.

(a) There is a standard profile for pregnant Soldiers under AR 40-501, Chapter 7-9. It has very specific limitations for the prenatal and post partum periods.

(b) The DD 689 (Individual Sick Call Slip) is still authorized for use. It should be used in communicating duty performance limitations for an acute minor illness of short duration such as the flu. The DD 689 will not be used for illness or injury greater than 10 days and may only be used for a single profile condition. Medical conditions that require physical limitations beyond 10 days or are subsequently required for the same condition must be entered electronically in e-Profile.

(c) Soldiers recovering from surgery or on convalescent leave will have a documented DA 3349 in e-Profile before being discharged from the hospital. Soldiers are not permitted to "call-in" for accountability unless he/she is on convalescent leave. Medically homebound Soldiers, not on convalescent leave, will require daily physical accountability.

(d) Permanent profiles will be reviewed annually in conjunction with the Soldier's Periodic Health Assessment. The permanent profile will be revised when there is a change in the Soldier's medical or functional status, whichever comes first. Temporary profiles will also be reviewed in accordance with profile review policy.

7. Profiles written by network health care providers will be transposed onto a DA 3349 and entered into e-Profile by the Soldier's primary care manager (PCM) or a military treatment facility (MTF) health care provider.

(a) Soldiers will report to their PCM on the first business day following a network appointment to process a civilian profile and/or report any medications added or changed.

(b) Commanders and health care providers will follow the profiling restrictions stated by network healthcare providers. Healthcare providers will resolve any unclear or


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unreasonable restrictions by contacting the network provider who wrote the profile. The chain of command will go through an on-post health care provider to resolve issues associated with profiles written by network providers. If the PCM is unable to resolve issues with the network provider, the PCM will consult with a MTF provider of the same specialty as the referring provider to correct the profile. The MTF provider will produce the final wording for the profile. Network providers can appeal to the CRDAMC Deputy Chief of Clinical Services as needed. The MTF may elect to assign a nurse case manager to any Soldier receiving care in the network.

8. I want to clarify interpretation of profiles that address limited duty hours. If a Soldier is limited to an 8-hour duty day, time starts the moment the Soldier physically reports to duty. Time spent for medical or BH appointments, unit PT or meals will not be added to the Soldier's 8-hour duty day. Furthermore, I encourage leaders to communicate with the profiling provider if there are questions about the limitations/restrictions or reasons for the limitations.

9. This policy letter supersedes policy memorandum MEDCEN-01, 10 June 2011, and will remain in effect until superseded or rescinded.



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