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DEC 15 2014

**COMMANDING GENERAL'S
POLICY LETTER # 18**

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Management of Physical Profiles

1. REFERENCES:

- a. Army Regulation (AR) 40-501, Standards of Medical Fitness, Rapid Action Revision, 4 August 2011, Chapter 7, Physical Profiling.
- b. ALARACT 206/2011, HQDA EXORD 223-1, Army Implementation of Electronic Profiles (e-Profile), 27 May 2011.
- c. FRAGO 2 to OPORD PW 12-10-905, Profile Review Boards, October 2012.
- d. FRAGO 2 to FORSCOM EXORD 110538 ISO Reduction of Non-Deployables, 13 September 2011.
- e. FRAGO 2 to OPORD PW 12-09-799, Fort Hood Polypharmacy Procedures, 15 July 2013.
- f. OPORD PW 14-04-0396, Release of Clinical Information from Healthcare Providers to Commander, 23 April 2014.

2. **APPLICABILITY.** This policy applies at all times and in all locations to all Soldiers assigned to, attached to, or performing duties in units or activities assigned, attached, stationed, based, or otherwise located on the Fort Hood military reservation. This includes, but is not limited to, units and Soldiers conducting maneuvers, training, maintenance, or other duties on the Fort Hood military reservation. All Soldiers assigned to, attached to, or performing duties in units or activities over whom Commander, III Corps and Fort Hood, exercises Senior Commander (SC) authority are also subject to this policy.

3. **PURPOSE.** To ensure leaders at all levels understand how to manage physical profiles (DA Form 3349).

4. **BOTTOM LINE.** Commanders are responsible for tracking and actively managing all Soldiers on medical profiles and ensuring that those on temporary profiles are

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appropriately progressing towards a return to full duty or an appropriate medical/administrative disposition (permanent profile, Medical Evaluation Board, MOS Administrative Retention Review, etc.). Leaders at all levels are encouraged to communicate with profiling providers if there are questions about a Soldier's medical status, limitations, or restrictions.

5. BACKGROUND.

a. As of 2011, physical profiles not documented in e-Profile are no longer valid. The MODS e-Profile, DA Form 3349, is utilized to document the limitations of a Soldier based on an evaluation of their mental and physical medical status. The profiling medical provider and the unit Commander are the two key players in this process.

b. The intent of the Medical Occupational Database (MODS) e-Profile DA Form 3349 (Physical Profile) is to ensure functional activities and limitations/restrictions related to medical and behavioral health (BH) conditions are communicated from qualified medical and BH providers to the Commander.

c. Although not the preferred method, the DD Form 689 (Individual Sick Call Slip) is still authorized for use for temporary profiling. It should only be used in communicating duty performance limitations for an acute minor illness or injury of short duration such as a minor ankle sprain or the flu. The DD 689 will not be used for profiles/limitations greater than 14 days and may only be used to document profiles/limitations for a single condition. Medical conditions that require physical limitations beyond 14 days or additional profiling subsequently required for the same condition must be entered electronically into e-Profile.

d. Commanders and medical providers must understand rights and responsibilities with regards to Protected Health Information in order to facilitate effective communication with Soldiers, healthcare providers, and others in the chain of command.

6. UTILIZATION OF THE PHYSICAL PROFILE.

a. The profiling medical provider is required to evaluate the Soldier's condition and determine appropriate restrictions based on the risk of aggravation or further injury if the Soldier participates in certain activities. Limitations must be realistic and specific and documented clearly in layman's terms. General remarks such as "no field duty" will not be utilized except in the case of certain BH conditions where "no simulated combat conditions" may be a valid limitation.

b. Unit Commanders will review each Soldier's e-Profile to determine appropriate assignments and duties that are consistent with the documented limitations and

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restrictions. 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/loads and does not mean the Soldier is capable of lifting 39 lbs or less for indefinite periods of time.

c. There is a standard profile for pregnant Soldiers under AR 40-501, Chapter 7-9. This profile has very specific limitations for Soldiers during both the prenatal and post partum periods and should be issued to all pregnant Soldiers immediately after a positive pregnancy test is confirmed.

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

e. Soldiers that meet criteria for polypharmacy will have an appropriate profile annotated in e-Profile IAW FRAGO 2 to OPOD PW 12-09-799, Fort Hood Polypharmacy Procedures, 15 July 2013.

f. Medical profiles that address duty hour limitations may be appropriate in the management of certain medical and BH conditions. Medical providers should only prescribe these limitations when specifically indicated. Leaders should exercise prudence in the interpretation of profiles that address duty hour limitations. If, for example, a profile limits a Soldier to an 8-hour duty day, time starts when the Soldier physically reports to duty. Soldiers should not be expected to work an 8-hour duty day in addition to time spent for medical or BH appointments, unit PT, and meals.

g. If a Commander has a question reference a Soldier's medical status or does not understand or disagrees with a profile, he or she should contact his or her unit Surgeon or the profiling medical officer/assigned primary care manager to discuss the Soldier's medical status or limitations and request clarification/reconsideration of the profile limitations. Problematic or controversial cases that cannot be resolved at the unit level will be referred to the Medical Treatment Facility Commander by the first O-6 in the Soldier's chain of command.

7. PROFILING BY NETWORK HEALTHCARE PROVIDERS.

a. Soldiers seen by a network health care provider will report to their assigned unit provider or primary care manager (PCM) on the first duty day following a network

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appointment to review and document any new duty limitations/profiles and/or report any new medications/medication changes.

b. Profiles or duty limitations written by network healthcare providers will be transposed onto a DA 3349 and entered into e-Profile by the Soldier's assigned unit provider, PCM, or a military treatment facility (MTF) healthcare provider.

c. Commanders and healthcare providers will follow the profiling restrictions recommended by network healthcare providers. Healthcare providers will resolve any unclear or unreasonable restrictions by contacting the network provider who wrote the profile. The chain of command will go through unit providers or the Soldier's assigned on-post health care provider to resolve issues associated with profiles written by network providers. If the unit provider/PCM is unable to resolve issues with the network provider, the PCM will consult with a MTF provider of the same specialty as the network provider to validate/correct the profile. The MTF specialty provider will produce the final wording for the profile. Network providers can appeal profiling issues/concerns to the supporting MTF's Deputy Commander of Clinical Services (DCCS) as needed.

8. MANAGEMENT OF SOLDIERS ON PHYSICAL PROFILES.

a. Commanders are responsible for tracking and actively managing all Soldiers on medical profiles and ensuring that those on temporary profiles are appropriately progressing towards a return to full duty or an appropriate medical/administrative disposition (permanent profile, Medical Evaluation Board, MOS Administrative Retention Review, etc.).

b. Leaders at all levels are encouraged to communicate with unit providers/assigned PCMs/profiling providers if there are questions or concerns about a Soldier's medical status, profile limitations, or restrictions.

c. Permanent profiles will be reviewed for applicability and validity annually in conjunction with the Soldier's Periodic Health Assessment. Furthermore, profiles will be reviewed and revised as appropriate any time there is a change in the Soldier's medical or functional status.

d. All temporary profiles will be reviewed for applicability and validity monthly by the Soldier's chain of command and assigned unit provider/primary care manager/profiling provider and in accordance with the Army Profile Review Board (PRB) Policy and FRAGO 2 to OPORD PW 12-10-905.

e. In addition to MODS e-Profile, Commanders will utilize the monthly polypharmacy and medical appointment "no show" reports to improve situational awareness of

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Soldiers with medical issues in their formations and as adjuncts in the active management of Soldiers on profile.

9. This policy letter supersedes policy memorandum MEDCEN-01, 10 June 2011, and previous COMMAND POLICY SURG-02, 06 Dec 2011, and will remain in effect until superseded or rescinded.



SEAN B. MacFARLAND
LTG, U.S. Army
Commanding

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