

MEDICAL CONDITION - PHYSICAL PROFILE RECORD							DATE	
For use of this form, see AR 40-501; the proponent agency is The Surgeon General's Office							18 Oct 1978	
TO: (Include Zip Code) Cdr HQ Joint Task Group Field Command Defense Nuclear Agency ENEWETAK ATOLL MARSHALL ISLAND APO SF 96333				FROM: (Include Zip Code) Med Ofcr, Wd B18 Tripler Army Medical Center Tripler AMC, HI 96859				
LAST NAME - FIRST NAME - MIDDLE INITIAL, GRADE, SOCIAL SECURITY ACCOUNT NUMBER AND ORGANIZATION				INSTRUCTIONS Complete Section D of this form in lieu of DA Form 8-118, whenever a medical board is held for the sole purpose of permanently revising physical profile to or from a numerical designator "3". PREPARE COPIES AS INDICATED BELOW: Unit Commander/Personnel Officer - 1 copy when Item 1 or 2 is checked. Appropriate Commander or HQ - 1 copy when Item 3 is checked. Health Record Jacket (DD Form 722) - 1 copy. Clinical Record - 1 copy when appropriate.				
Orgn: same as above.								
SECTION A - DUTY STATUS (Check Applicable Item(s))								
1		INDIVIDUAL IS RETURNED TO YOUR UNIT FOR DUTY (AR 40-3, AR 635-40)						
2		INDIVIDUAL IS RETURNED TO YOUR UNIT FOR SEPARATION PROCESSING (AR 40-3, AR 635-40)						
3	X	INDIVIDUAL (IS) XXXXXX MEDICALLY QUALIFIED FOR <u>restricted duty for one year</u> AS EVIDENCED BY A MEDICAL EXAMINATION AND A REVIEW OF HIS HEALTH RECORD THIS DATE <u>18 Oct 1978</u>						
SECTION B - PHYSICAL PROFILE (Complete all items. When applicable "R", "S" or "T" will be entered with numerical designator under appropriate factor)								
4	PREVIOUS	P	U	L	H	E	S	PREVIOUS
		1	1	1	1	1	1	
5	PRESENT	3-T	1	1	1	1	1	PRESENT
6	INDIVIDUAL HAS THE DEFECT(S) LISTED BELOW. (All defects requiring a 3 or 4 in any PULHES factor will be reported in non-technical language)							
	Atypical migraine with syncopal episodes							
<input type="checkbox"/> Continued under remarks								
SECTION C - ASSIGNMENT RESTRICTIONS, OR GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS (Check Applicable Item(s))								
7		INDIVIDUAL REQUIRES NO MAJOR ASSIGNMENT, GEOGRAPHICAL, OR CLIMATIC AREA LIMITATIONS						
8	X	MAJOR ASSIGNMENT, GEOGRAPHICAL, CLIMATIC AREA LIMITATIONS ARE ESTABLISHED BELOW (AR 40-3, AR 40-501, AR 635-40. Describe specific assignment limitations or restrictions as outlined in Chapter 9, AR 40-501.)						
	Temporary P-3 profile for one year, code F (should be assigned close to major medical facility).							
<input type="checkbox"/> Continued under remarks								
9		THE ABOVE CONDITIONS ARE PERMANENT						
10	X	THE ABOVE CONDITIONS ARE TEMPORARY, BUT EXPECTED TO CONTINUE IN EXCESS OF NINETY DAYS. INDIVIDUAL IS TO REPORT FOR FURTHER PHYSICAL PROFILE EVALUATION, MEDICAL TREATMENT OR DISPOSITION, AS DIRECTED (AR 40-3, AR 40-501).						
11		THE ABOVE CONDITIONS ARE TEMPORARY AND ARE NOT EXPECTED TO EXCEED NINETY DAYS. LIMITATIONS NOTED ABOVE ARE FOR _____ DAYS AND ARE AUTOMATICALLY CANCELLED ON (date) _____ UNLESS OTHERWISE DIRECTED (AR 40-501).						
12		SEPARATION OR RETIREMENT OF THIS INDIVIDUAL WILL NOT BE EFFECTED WITHOUT PRIOR MEDICAL EVALUATION (AR 40-3, AR 40-501, AR 635-40).						
13	X	THIS SUPERSEDES PREVIOUS MEDICAL CONDITION - PHYSICAL PROFILE RECORDS						
14. TYPED NAME & GRADE OF AUTHORIZED OFFICER AT MEDICAL FACILITY				SIGNATURE				
EARL WASHINGTON, JR., M.D., CPT, MC				Earl Washington, Jr MD				

SECTION D - MEDICAL BOARD PROCEEDINGS

ACTION BY MEDICAL BOARD

PERMANENT CHANGE OF PROFILE AS RECORDED UNDER SECTION C, IS RECOMMENDED:

15. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER (President)	SIGNATURE
16. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE
17. TYPED NAME, GRADE & BRANCH OF BOARD MEMBER	SIGNATURE

ACTION BY APPROVING AUTHORITY

THE FINDINGS AND RECOMMENDATIONS OF THE BOARD ARE APPROVED:

18. TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE
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SECTION E - ACTION BY UNIT COMMANDER/PERSONNEL OFFICER

The permanent change in profile has been compared with the physical standards as outlined in AR 611-101 or AR 611-201 for individuals PMOS and reclassification action under AR 600-200 or AR 611-103 is (considered but not required) (initiated)

19. TYPED NAME, GRADE & TITLE	SIGNATURE	DATE
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REMARKS - CONTINUATION OF ITEM

Assignment Restrictions, or Geographical, or Climatic Area Limitations

- CODE: A - None
 B - None
 C - No crawling, stooping, running, jumping, marching or standing for long periods. (State time permitted in item 8)
 D - No strenuous physical activity. (State time permitted in item 8)
 E - No assignment to units requiring continued consumption of combat rations.
 F - No assignment to isolated areas where definitive medical care is not available. (MAAG - Military Missions, etc.)
 G - No assignment requiring handling of heavy materials including weapons. No overhead work, no pull-ups or push-ups. (State time permitted in item 8)
 H - No assignment to unit where sudden loss of consciousness would be dangerous to self or others such as work on scaffolding, handling ammunition, vehicle driving, work near moving machinery.
 J - No assignment involving exposure to loud noises or firing of weapons.
 (Not to include firing for POR Qualification)
 L - No assignment requiring daily exposure to extreme cold. (List specific time or areas in item 8)
 M - No assignment requiring exposure to high environmental temperature. (List specific time or areas in item 8)
 N - No continuous wearing of combat boots. (State the length of time in item 8)
 P - No continuous wearing of woolen clothes. (State the length of time in item 8)
 U - Limitation not otherwise described to be considered individually. Briefly define limitation in item 8.