MEMORANDUM FOR COMMANDERS

SUBJECT: Warrior Transition Unit (WTU) Referrals

1. In accordance with the Warrior Care and Transition Program (WCTP) Policy Memo 13-006, Entry and Exit Criteria for the Warrior Care and Transition Program, dated 30 August 2013, the following process has been established to review all COMPO 1/AGR Soldiers who meet the eligibility criteria for assignment/attachment to Warrior Transition Unit (WTU), and determine disposition.

2. Soldiers must meet one of the following eligibility criteria:

   a. Soldier has, or is anticipated to receive, a profile of greater than 6 months duration, with duty limitations that preclude the Soldier from training, deploying or contributing to unit mission accomplishment, and the complexity of the Soldier’s condition requires clinical case management.

   b. Soldier’s psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if the Soldier remains in the unit.

3. Soldiers are ineligble for entry to WTU if:

   a. Only medical condition is pregnancy
   b. In Initial Entry Training (IET), Advanced Individual Training (AIT), or One Station Unit Training (OSUT) status
   c. Pending Military Occupational Specialty Administrative Retention Review (MAR2)
   d. On Temporary Disability Retirement List (TDRL)
   e. On approved Continuation on Active Duty (COAD) or Continuation on Active Reserve (COAR) status
   f. Pending or undergoing UCMJ, legal action, investigation, LOD determination, or flagged for non-transferable adverse administrative actions.

NOTE: Soldiers above the rank of O-4, CW3 and E-8, require general officer (GO) approval for assignment/attachment to WTU.
MCXI-DCS
SUBJECT: Warrior Transition Unit Referrals

4. If Soldier’s command determines that Soldier meets the above stated eligibility criteria, they will submit a WTU packet to the Deputy Commander for Clinical Services (DCCS) at CRDAMC no later than the 3rd Tues of each month for the following month’s Triad meeting. Samples of the required documents are enclosures to this memorandum. Once packet is reviewed and determination made as approved for entry into WTU, the WTU S-1 will process the Request For Orders (RFO) and establish a report date to WTU.

5. WTU packet consists of the documents contained as enclosures to this memorandum.

6. POC for this memorandum is 254-288-8482.

[Signature]
ROGER A. GALLUP
COL, MC
Deputy Commander for Clinical Services

5 Encls
1. CDRs Referral Memorandum (signed by O-6 CDR)
2. DA Form 4187 (Personnel Action signed by Soldier)
3. DA Form 7652 (CDR’s Performance & Functional Stmt)
4. DA Form 3349 (current profile)
5. Medical Provider Statement—to substantiate medical condition (optional)
MEMORANDUM FOR Triad of Leadership, Fort Hood, TX 76544

SUBJECT: Request for Assignment/Attachment to Warrior Transition Unit (WTU) - Soldier’s Rank, Full Name, Last 4

1. Request the above named Soldier, currently assigned to ______________________, be evaluated for assignment/attachment to the WTU.

2. The following information is provided:
   
a. Present Condition (current diagnosis, treatment plan and prognosis):

b. Soldier has, or is anticipated to receive, a profile of more than six months duration, with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, and/or Soldier’s psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if they remain in the unit. (Specify which one, or both of these criteria, they meet and attach the substantiating documentation from mental health provider if based solely on latter condition).

c. Complexity of Soldier’s condition requires clinical case management.

d. Soldier is/is not currently in the Medical Evaluation Board process.

e. Soldier’s MOS is _______. This is/is not a shortage MOS in unit. Soldier is/is not within 180 days of ARFORGEN (LAD) cycle. State impact of keeping Soldier in current unit: ____________________________
Office Symbol
SUBJECT: Request for Assignment/Attachment to WTU- Soldier’s rank, name, last 4

f. I verify this Soldier is not undergoing /pending UCMJ or legal action, investigation, LOD determination, or non-transferable administrative action.

g. Soldier’s ETS, MRD, RCP, is not anticipated to occur during this period.

3. POC for this action is (Name and phone number)__________________________.

FIRST & LAST NAME
RANK, BR (O-6 Level CDR)
Commanding

4 Encls
1. DA Form 4187, Personnel Action (signed by Soldier)
2. DA Form 7652, CDR Performance/Functional Stmt
3. DA Form 3349, Profile
4. Medical Provider Statement (optional)
PERSONNEL ACTION
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
   O-6 Command
2. TO (Include ZIP Code)
   Warrior Transition Bde
   Ft. Hood, TX 76544
3. FROM (Include ZIP Code)
   O-5 Command

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, Mi)
   Doc, John
5. GRADE OR RANK/PMOS/AOC
   SPC
6. SOCIAL SECURITY NUMBER
   000-00-0000

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from ___________________________________________ to _____________________________________________ effective ______________ hours, ______________

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)
   - Service School (Enl only)
   - Special Forces Training/Assignment
   - Identification Card
   - ROTC or Reserve Component Duty
   - On-the-Job Training (Enl only)
   - Identification Tags
   - Volunteering For Oversea Service
   - Retesting in Army Personnel Tests
   - Separate Rations
   - Ranger Training
   - Reassignment Married Army Couples
   - Leave - Excess/Advance/Outside CONUS
   - Reassignment Extreme Family Problems
   - Reclassification
   - Change of Name/SSN/DOD
   - Exchange Reassignment (Enl only)
   - Officer Candidate School
   - Other (Specify)
   - Airborne Training
   - Asgmt of Pers with Exceptional Family Members
   - Attach/Assignment to WTB

SIGNATURE OF SOLDIER (When required)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Request attachment/assignment to WTB based on entry criteria for the WCTP IAW Memo 13-006. See attached documentation.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein:
   - HAS BEEN VERIFIED
   - RECOMMEND APPROVAL
   - RECOMMEND DISAPPROVAL
   - IS APPROVED
   - IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)
## PHYSICAL DISABILITY EVALUATION SYSTEM (PDES)

**COMMANDER'S PERFORMANCE AND FUNCTIONAL STATEMENT**

For use of this from see HODA Letter 635-08-1. The proponent agency is DCS, G-1.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC chapter 51 and 5 USC 301

**PURPOSE:** To provide information to the PEB on the impact of a medical impairment on a Soldier's ability to perform duties and to provide administrative information that impacts disability adjudication and/or benefits if the Soldier is determined unfit.

**ROUTINE USES:** See Purpose

**DISCLOSURE:** Information is required in order to properly adjudicate the Soldier's case in the best interests of the Soldier and the Army.

### SECTION I: SOLDIER DEMOGRAPHIC INFORMATION

<table>
<thead>
<tr>
<th>1. DATE (YYYYMMDD)</th>
<th>2a. LAST NAME</th>
<th>2b. FIRST NAME</th>
<th>2c. MIDDLE NAME</th>
<th>3. PMOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. BASD</td>
<td>5. COMPONENT</td>
<td>6a. BIRTHDATE</td>
<td>6b. AGE</td>
<td>7. UNIT OF ASSIGNMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(YYYYMMDD)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION II: ADMINISTRATIVE INFORMATION

Instructions: The information in this section should be confirmed by the appropriate personnel activity and with the Soldier.

<table>
<thead>
<tr>
<th>DATA ITEM</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is Soldier charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Is Soldier pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chapter____________________, Para_____________________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Does Soldier have an approved voluntary retirement?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Date retirement approved:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If answer is YES, list date retirement was approved.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Is officer within 12 months of mandatory retirement for age or years of service or approved for Selective Early Retirement?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Date of officer's mandatory retirement:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If answer is YES, list mandatory retirement date.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. REGULAR COMPONENT SOLDIERS ONLY: Does Soldier have prior service in the Selected or Individual Ready Reserve?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If answer is YES, specify type of service. Ex: Served as a member of the ARNG or a USAR Troop Program Unit.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. RESERVE COMPONENT SOLDIERS ONLY: Is Soldier within 12 months of his or her mandatory removal date?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mandatory Removal Date:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If answer is YES, list mandatory removal date.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. RESERVE COMPONENT SOLDIERS ONLY: If the answer to question 13 is yes, will Soldier have 20 qualifying years of service at time of his or her mandatory removal date for purposes of eligibility for non regular retirement?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If answer is YES, list RCP date.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. ACTIVE COMPONENT ONLY: Is Soldier within 12 months of his or her Retention Control Point (RCP) and will Soldier be eligible for length of service retirement at the RCP?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>RCP date:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If answer is YES, list the applicable MILPER Stop Loss message.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Was Soldier's retirement for length of service delayed by Stop Loss?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>MILPER MESSAGE</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. If an enlisted Soldier, is the Soldier due an automatic advancement? (See AR 600-8-19 concerning promotable status of enlisted Soldiers in the PDES.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Date due automatic promotion:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If answer is YES, list date Soldier due next automatic advancement.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. If an enlisted Soldier, is the Soldier on a semi-centralized or centralized promotion list?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. If an officer, is the Soldier on an approved promotion list?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Has Soldier previously held higher rank?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Highest rank held:</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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DA FORM 7652, DEC 2008

Page 1 of 5

APD PE v1.00ES

Encl 3
<table>
<thead>
<tr>
<th>DATA ITEM (Continued)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Was Soldier on 24 September 1978, a member of the Armed Forces, to include the Reserve components, the National Oceanic and Atmospheric Administration (NOAA and formerly the Coast and Geodetic Survey), the U.S. Public Health Service, or under a binding written agreement to become such a member? (NOTE: A Soldier who was a contracted cadet of a U.S. Service Academy or a contracted ROTC cadet or a member of an Armed Force of another country on that date is included in the meaning of Armed Forces.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Was Soldier's current referral to MEB/PEB the result of evaluation by an MOS/Medical Retention Board (MMRB)?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### SECTION III. PERFORMANCE INFORMATION

You are entering information into a performance-based system. Focus your comments on chronic conditions. The PEB must understand the impact of your Soldier's conditions on his/her ability to perform duties in the primary MOS. Severe, acute physical conditions generally need little performance discussion because the PEB members easily understand the limitations.

Should the PEB determine the Soldier is not fit for either a mental disorder or residuals of a Traumatic Brain Injury (TBI), the PEB must gauge the Soldier's capacity to perform in the civilian sector. For these conditions, the PEB looks at the Soldier's current functioning in the military, without regard to whether the Soldier is performing in his/her PMOS.

In all cases of Medical Corps officers with a clinical specialty area of concentration and assigned to a clinical position, the officer's first line medical supervisor will complete Sections III and complete and sign in IV. In all cases of officers of the Judge Advocate General Corps (JAG), Sections III and IV will be completed by the officer's Staff Judge Advocate, Command Judge Advocate, or agency/section supervisor.

### SECTION III A. For each Soldier, regardless of condition(s).

For each item, mark Yes, No, or N/Obs (not observed). In Section III D: fully explain every 'No.'

<table>
<thead>
<tr>
<th>#</th>
<th>ITEM</th>
<th>Yes</th>
<th>No</th>
<th>N/Obs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Soldier performs duties in MOS (to include assigned MOS duties in unit).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Soldier in appropriate TOA or TDA position for grade and MOS.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>Soldier's medical conditions/limitations affect unit accomplishing If Yes, fully explain in Section III D.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>I recommend retaining this Soldier.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### SECTION III B. For each Soldier with a mental disorder (including Post Traumatic Stress Disorder (PTSD), major depressive disorder, anxiety disorder, bipolar disorder, etc.).

Consider Soldier's performance over the past several months. Indicate whether performance seems to be improving, worsening, or static. For example, where Soldier demonstrated periods of not completing tasks to time and quality standards, but is now completing tasks to standards indicate Soldier had issues but is now performing normally.
SECTION III B (Continued)
Use Section III D if additional space required and to provide additional discussion.

1. Describe list discrete, specific duties/tasks Soldier can complete to standard (time and quality).

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>No difficulties.</td>
</tr>
<tr>
<td>F</td>
<td>Not observed.</td>
</tr>
</tbody>
</table>

2. Describe types of duties Soldier does not complete to standard (time and quality).

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<td>B</td>
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<tr>
<td>C</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>No difficulties.</td>
</tr>
<tr>
<td>F</td>
<td>Not observed.</td>
</tr>
</tbody>
</table>

3. Indicate whether performance issues are due to (choose all that apply):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Soldier needs more time for each task;</td>
</tr>
<tr>
<td>B</td>
<td>Soldier performs duties/tasks with errors or incompletely.</td>
</tr>
<tr>
<td>C</td>
<td>Soldier does not complete the duties/tasks.</td>
</tr>
<tr>
<td>D</td>
<td>Soldier unable to complete 8 hour duty day.</td>
</tr>
<tr>
<td>E</td>
<td>No difficulties.</td>
</tr>
<tr>
<td>F</td>
<td>Not observed.</td>
</tr>
</tbody>
</table>

4. Considering 1-3 above, and Soldier's work performance during the time you have observed Soldier, choose most accurate description of Soldier's performance:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Periods of diminished attention or performance only when significantly stressed. If known, indicate type of stress eliciting performance issues. Indicate frequency (for example: once two months ago for two days before court appearance). Describe performance during this time.</td>
</tr>
<tr>
<td>B</td>
<td>Occasional decrease in work efficiency (performs more slowly and/or with more errors).</td>
</tr>
<tr>
<td>C</td>
<td>Intermittent periods where Soldier unable to perform occupational tasks.</td>
</tr>
<tr>
<td>D</td>
<td>Occasional difficulties with reduced reliability and productivity.</td>
</tr>
<tr>
<td>E</td>
<td>Not observed.</td>
</tr>
</tbody>
</table>

5. Effective work relationships with supervisors and/or co-workers.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Has effective work relationships with both supervisors and co-workers.</td>
</tr>
<tr>
<td>B</td>
<td>Difficulty establishing and/or maintaining effective work relationships with supervisors and/or co-workers. Discuss.</td>
</tr>
<tr>
<td>C</td>
<td>Does not establish and/or does not maintain effective relationships with supervisors and/or co-workers. Discuss.</td>
</tr>
<tr>
<td>D</td>
<td>Not observed.</td>
</tr>
</tbody>
</table>

SECTION III C. If Soldier has a diagnosis of Traumatic Brain Injury (TBI), assess Soldier's performance.

Use Section III D to provide additional discussion.

1. Task/duty completion (functional capacity).

Completing tasks/duties to standard.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Performs tasks/duties to standards.</td>
</tr>
<tr>
<td>B</td>
<td>Mild difficulties completing tasks/duties to standards. Discuss.</td>
</tr>
<tr>
<td>C</td>
<td>Moderate difficulties completing tasks/duties to standards. Discuss.</td>
</tr>
<tr>
<td>D</td>
<td>Severe difficulties completing tasks/duties to standards. Discuss.</td>
</tr>
<tr>
<td>E</td>
<td>Not observed.</td>
</tr>
</tbody>
</table>
2. Decision Making.

Based on your observations of Soldier's performance, can you gauge the quality of Soldier's decisions? If so, indicate whether Soldier:

A □ Makes reasonable decisions, including complex or unfamiliar ones. Discuss and include examples of Soldier's reasonable decisions.
B □ Makes reasonable decisions; occasionally makes (or avoids making) unreasonable complex or unfamiliar decisions. Discuss and include examples.
C □ Makes simple decisions but usually not complex or unfamiliar decisions. Discuss and include examples.
D □ Not observed.


Social interaction. Describe whether Soldier displays inappropriate social interactions. Discuss.

A □ Describe behaviors and indicate frequency (occasionally, frequently, most of the time; or you can indicate in %s.) Discuss.
B □ Not observed.

4. Performance issues due to Soldier's complaints of TBI residuals.

Where you have observed negative performance issues and Soldier attributes these performance issues to physical symptoms (e.g., headache; dizziness; insomnia; hypersensitive to sound or light) indicate the impact on Soldier's performance.

A □ Mild interference, e.g., able to complete with more time or completes work with more than the normal frequency of errors.
B □ Moderate interference, e.g., the result is the equivalent to missing work several hours a day. An example of the impact on performance and the frequency of this impact is: "headaches requiring rest period during most days."
C □ Not observed.

5. Workplace Interactions.

Does Soldier appear: irritable; impulsive; unpredictable; unmotivated; verbally aggressive; physically aggressive; belligerent; apathetic; moody; uncooperative; inflexible; unfeeling; or unaware of condition? If so, indicate how these characteristics appear to impact Soldier's workplace interactions.

A □ Do not interfere with workplace interaction. Discuss.
B □ Occasionally interfere with workplace interaction. Discuss.
C □ Frequently interfere with workplace interaction. Discuss.
D □ Interfere or preclude workplace interaction on most days. Discuss.
E □ Occasionally requires supervision (for safety of self or others.) Discuss.
F □ Not observed.
SECTION III D. COMMENT SECTION

INSTRUCTIONS:
Whenever possible, include more than "Soldier not performing because of profile limitations." Indicate specific duties Soldier currently performs and hours per week Soldier performs duties other than those within Soldier's PMOS. Describe Soldier's performance.

For III A, B, and C above, reference item # and provide additional detail/discussion, as required. Use additional pages as required.

SECTION IV: COMMANDER'S VALIDATION AND SIGNATURE

<table>
<thead>
<tr>
<th>1. PRINTED NAME</th>
<th>2. RANK</th>
<th>3. BRANCH</th>
<th>4. TITLE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. SIGNATURE</th>
<th>6. UNIT ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. PHONE NUMBER</th>
<th>8. E-MAIL ADDRESS</th>
<th>9. DSN</th>
<th>10. FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**Physical Profile**

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. **Medical Condition:** (Description in lay terminology)  
   - Injury? Or Illness/Disease?

2. **Codes (Table 7-3 AR 40-501)**

3. **Temporary**
   - Permanent

4. **Profile Type**  
   - Temporary Profile (Expiration date YYYYMMDD)  
     (Limited to 3 months duration)
   - Permanent Profile (Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)

5. **Functional Activities That Every Soldier Regardless of MOS Must Be Able to Perform. If Soldier Cannot Perform Any One of These Tasks, Then the Pulhes Must Contain at Least One "N" and Soldier Must Be Referred to a MEB. Can the Soldier:**

   **Functional Activity:**
   - Carry and fire individual assigned weapon?
   - Evade direct and indirect fire?
   - Ride in a military vehicle for at least 12 hours per day?
   - Wear a helmet for at least 12 hours per day?
   - Wear body armor for at least 12 hours per day?
   - Wear load bearing equipment (LBE) for at least 12 hours per day?
   - Wear military boots and uniform for at least 12 hours per day?
   - Wear protective mask and MOPP 4 for at least 2 continuous hours per day?
   - Move 40lbs (for example, duffel bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards?
   - Live in an austere environment without worsening the medical condition?

6. **APFT**

   - **YES**
   - **NO**
   - **Alternate APFT (Fill out if unable to do APFT run otherwise N/A)**
   - **N/A**
   - **YES**
   - **NO**

   - 2 Mile Run
   - APFT Sit-Ups
   - APFT Push Ups
   - APFT Walk
   - APFT Swim
   - APFT Bike

7. **Does the Soldier Meet Retention Standards IAW Chapter 3 AR 40-501?**
   - **YES**
   - **NO**
   - **Needs MMRB**
   - **Needs MEB**

8. **Functional Limitations and Capabilities and Other Comments:**

   - This temporary profile is an extension of a temporary profile first issued on 

9. **Name, Grade & Title of Profiling Officer**
   - **Signature**
   - **Date (YYYYMMDD)**

10. **Name & Grade of Approving Authority**
    - **Signature**
    - **Date (YYYYMMDD)**

11. **Commanders can access the electronic profiles of Soldiers in their unit(s) by going to http://www.mods.army.mil and clicking on eProfile in the list of applications. Commanders will be required to register and be approved in eProfile before they can gain access to profiles.**

12. **Patient's Identification**
    - **Name:** (Last, First)
    - **Grade/Rank:**
    - **SSN:**
    - **Unit:**

13. **Hospital or Medical Facility**
    - **Profiling Officer E-mail**
<table>
<thead>
<tr>
<th>PATIENT'S NAME</th>
<th>DATE (YYYYMMDD)</th>
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</thead>
</table>

**CONTINUATION** *(From page 1, Item 8)*

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