

# MEDICAL DUTY REVIEW BOARD/PHYSICAL PROFILE REQUEST

SECTION I: TO BE COMPLETED BY UNIT						
NAME	SSN:	UNIT:				
PMOS:	DUTIES:					
TYPE OF REQUEST:      MDRB (Medical Duty Review Board)      /      Profile (circle one)						
SECTION II: TO BE COMPLETED BY CIVILIAN PHYSICIAN						
MEDICAL DIAGNOSIS (PROBLEM) :						
FUNCTIONAL CAPACITY: Is this soldier able to)		YES	NO		YES	NO
CARRY A WEAPON (6 lbs)				PUSH-UPS		
WEAR A HELMET (7 lbs)				SIT-UPS		
LOAD BEARING EQUIPMENT (WEAR				2-MILE RUN		
PISTOL BELT W/CANTEEN,						
FIRST AID AND AMMO POUCH)						
WEAR A RUCKSACK (30 - 50 LBS)				2 1/2 MILE WALK		
				BIKE		
				SWIM		
WHAT IS THE MAXIMUM WEIGHT SOLDIER CAN LIFT OR CARRY ON BACK?						
IS CONDITION: TEMPORARY / PERMANENT (circle one)			IF TEMPORARY, HOW LONG?			
PROGNOSIS:						
PRINT NAME / TITLE OF PHYSICIAN			SIGNATURE OF PHYSICIAN			
DATE: _____						