

MACOM: _____

Chapter 3 Physical

Profile Worksheet

Name: _____ Rank: _____ Full SSN: _____ DOB: _____

Duty Status: M-Day ____ AGR ____ ADOS ____ Technician ____ Current Unit Assignment: _____

MOS: _____ Date of Last APFT: _____ Pass ____ Fail ____ HT/WT: _____ Taped ____ Pass ____ Fail ____

Unit Point of Contact: _____ Unit Phone Number _____ Unit Location: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cellphone: _____ Personal/Civilian Email: _____

Civilian Employer: _____ Civilian Job Title: _____

Please list any prior military service you had before joining the National Guard: _____

Have you had a profile before? Yes ____ No ____ Month and Year of Last Profile: _____ Reason for last profile: _____

Reason(s) profile requested: _____

How and when did the injury/illness occur? _____

Is there an approved/pending Line of Duty for the condition? Yes ____ No ____

Are you seeking medical treatment for the condition? Yes ____ No ____

List any chronic health problems that you have: (IE: diabetes, high blood pressure, gout, depression, PTSD, etc):

Number of verified profiles for this condition: _____ eCase number for this condition: _____

MACOM: _____

Healthcare Providers You Are Currently Seeing				
Professional	Phone	City & State	Last Seen	Seen For What Condition

List All Medications You Are Currently Taking				
Name	Dosage	How Often	Prescribed by	For What Condition

Please list any limitations that your healthcare providers have placed on you: _____

Are you currently receiving VA Disability? Yes ____ No ____ if so, what percentage: _____ (Combined Rating)

Signature: _____

Date: _____

Number of verified profiles for this condition: _____ eCase number for this condition: _____