Functional Capacity Certificate Form 507 (FCC507)

NOTE: TO BE COMPLETED BY SERVICE MEMBER: PLEASE READ QUESTIONS CAREFULLY:

Answer All Questions by placing an X in the appropriate block. This information constitutes an Official Statement. Certain medical conditions and/or limitations may indicate need for further evaluation and/or additional information and/or change in Profile and/or referral to Medical Evaluation Board (MEB) and/or Military Occupational Specialty Medical Board (MMRB). Bracketed Numbers ([1], [2], [3]) may be reflected in your Physical Profile.

1. Soldiers may be required to walk 12 miles in Combat Boots. Do you have a Medical Condition that prevents you from doing so? What is the Medical Condition?	θ YES [ ] θ NO [1]
If YES, can you walk 4 miles in Combat Boots?	θ YES [2] θ NO [3]
2. Soldiers may be required to walk 12 miles with Field Gear (BDU, Helmet, LBE, Canteens, Protective Mask, Weapon, Without Rucksack). Do you have a Medical Condition that prevents you from doing so? What is the Medical Condition?	θ YES [ ] θ NO [1]
If YES, can you walk 4 miles with Field Gear?	θ YES [2] θ NO [3]
3. Soldiers may be required to walk 6 miles with Field Gear and 40 lb. Ruck Sack. Do you have a Medical Condition that prevents you from doing so? What is the Medical Condition?	θ YES [ ] θ NO [1]
If YES, can you walk ¼ mile with Field Gear and Ruck Sack?	θ YES [2] θ NO [3]
4. Soldiers may be required to lift and carry 40 lbs. (2 cases of canned soda) a distance of 100 feet. Do you have a Medical Condition that prevents you from doing so? What is the Medical Condition?	θ YES [ ] θ NO [1]
If YES, can you lift and carry 35 lbs. (17" computer monitor) 100 feet?	θ YES [2] θ NO [3]
5. Do you have a Medical Condition that prevents you from being on your feet continuously for 4 hours? What is the Medical Condition?	θ YES [ ] θ NO [1]
If YES, can you remain on your feet for 1 hour?	θ YES [2] θ NO [3]
6. Please complete the following:	
How far can you walk in Boots? _____ with Field Gear? _____ with Field Gear and Rucksack? _____	
How much and how far can you lift and carry? _____ lbs. _____ feet	
How long can you remain on your feet? Hours: _____ or Minutes: _____	
7. Do you have a Medical Condition that prevents you from carrying and firing individual assigned Weapon?	θ YES [3] θ NO [1]
If YES, what is the Medical Condition?	
8. Do you have a Medical Condition that prevents you from moving with a Fighting Load (48 lbs) 2 miles? (Includes: Helmet, Uniform, Boots, Load Bearing Equipment (LBE), Weapon, Pack, Protective Mask, etc.)	θ YES [3] θ NO [1]
If YES, what is the Medical Condition?	
9. Do you have a Medical Condition that prevents you from wearing a Protective Mask?	θ YES [3] θ NO [1]
If YES, what is the Medical Condition?	
10. Do you have a Medical Condition that prevents you from wearing All Chemical Defense Equipment?	θ YES [3] θ NO [1]
If YES, what is the Medical Condition?	
11. Do you have a Medical Condition that prevents you from constructing an Individual Fighting Position (Dig; Lift & Carry Sandbags)?	θ YES [3] θ NO [1]
If YES, what is the Medical Condition?	
12. Do you have a Medical Condition that prevents you from doing 3-5 second Rushes under direct and indirect fire?	θ YES [3] θ NO [1]
If YES, what is the Medical Condition?	
13. Do you have any Medical Condition that might prevent Deployment?	θ YES [3] θ NO [1]
If YES, what is the Medical Condition?	
14. Do you have a Medical Condition that prevents you from performing the Army Physical Fitness Test (APFT) 2 Mile Run?	θ YES [2] θ NO [1]
If YES, what is the Medical Condition?	
If you cannot perform APFT 2 Mile Run, you must perform an Aerobic Alternate APFT: Walk and/or Bicycle and/or Swim. Indicate the Aerobic Alternate APFT Events you can perform.	
θ WALK [2] θ BICYCLE [2] θ SWIM [2]	θ [3]
I cannot perform the APFT 2 Mile Run or any Aerobic Alternate APFT Events (Walk or Bicycle or Swim).	
15. Do you have a Medical Condition that prevents you from doing APFT Push Ups?	θ YES [2] θ NO [1]
If YES, what is the Medical Condition?	
16. Do you have a Medical Condition that prevents you from doing APFT Sit Ups?	θ YES [2] θ NO [1]
If YES, what is the Medical Condition?	
17. Do you have a Medical Condition that prevents you from doing Standard Aerobic Conditioning Activities?	θ YES [2] θ NO [1]
If YES, what is the Medical Condition?	
Indicate the Activity you CANNOT perform: θ Running θ Walking θ Biking θ Swimming	
18. Do you have a Medical Condition that prevents you from doing Upper or Lower Body Weight Training?	θ YES [2] θ NO [1]

Name: _____ Address: _____

SSN: _____ Unit: _____ E-Mail: _____

If YES, what is the Medical Condition? _____ Indicate the Activity you CANNOT perform: θ Upper Body θ Lower Body	
19. Have you been treated for Any Mental Health Condition in the Past 5 Years? If YES, what is the Mental Health Condition?	θ YES [?] θ NO [1]
20. Have you been Diagnosed with Asthma? If YES, Answer All Questions in # 20; If No: Go to # 21 a. Have you been Admitted to a Hospital, Visited an Emergency Department or Lost Time From Work due to Asthma and/or Asthma Related Condition(s)? θ YES θ NO If YES, how many Admissions? _____ Emergency Department Visits? _____ Lost Work Days? _____ b. Have you taken Oral and/or Inhaler Steroid Medications for your Asthma in past 12 mos? θ YES θ NO If YES: How many times? _____ x daily; _____ x weekly; _____x monthly c. If you can use your inhaler beforehand, would your Asthma still prevent you from taking and passing the APFT 2 Mile Run Event? θ YES θ NO d. Does your Asthma prevent you from Wearing a Protective Mask? θ YES θ NO	θ YES [?] θ NO [1]
21. Do you have a Medical Condition that requires any Breathing Assist Device and/or Supplemental Oxygen? If YES, what is the Medical Condition?	θ YES [?] θ NO [1]
22. Do you take any Medication to Control your Blood Sugar? If YES, indicate type: θ Pills θ Shots List Medication Names:	θ YES [?] θ NO [1]
23. Do you currently take Any Prescription and/or Non Prescription Medications? If YES, Specify Medications and Medical Conditions:	θ YES θ NO
24. Do you currently have a Permanent Profile? If YES, what is the Date of Issue (month/day/year)? What is the Medical Condition? What are the Recommended Limitations?	θ YES θ NO
25. Do you currently have a Temporary Profile? If YES, what is the Date of Expiration (month/day/year)? What is the Medical Condition? What are the Recommended Limitations?	θ YES θ NO

Date: (month/day/year):	Service Member's Signature:

NOTE: THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED BY THE EXAMINING PHYSICIAN.

Physician, Please Read The Following:

Your Evaluation of this Soldier's Functional Capacity is important. Please review the Soldier's responses carefully especially those involving "YES" answers. Complete 3 Items (below), provide your Full Name, Credentials, Contact Information and Certify Your Opinion with Your Full Signature.

NOTE: ALL INFORMATION MUST BE LEGIBLE AND READABLE INCLUDING SIGNATURE:

1. Physician's Findings: List All Current Diagnoses with Respective Current Physical Limitations. If "No Current Physical Limitations", indicate "None."

_____

_____

2. Physician's Statement: I have reviewed this Service Member's Functional Capacity Certificate (FCC507) and [Circle One: CONCUR / DO-NOT-CONCUR with Service Member's Self Assessment." Explain Any DO-NOT-CONCUR:

_____

_____

3. Limitations are θ Permanent (or) θ Temporary. If Temporary, Expected Duration of Limitations is _____Days.

Physician's Full Name (Print or Type): _____ Date of Evaluation: _____

Physician's Full Signature: _____Physician's Medical Degree (MD, DO): _____

Physician's Medical Specialty or Specialties: _____

Telephone Area Code & Number: _____Fax Area Code & Number: _____

Name: _____ Address: _____

SSN: _____Unit:_____E-Mail: _____