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## PHYSICAL PROFILE SERIAL REPORT

PATIENT ID <i>(Use plastic card or type/print name)</i>	GRADE	DATE
	AFSC	SSN
	UNIT	
	BASE	

PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS								TYPE AND RH	
REVISED TEMPORARY								G6PD	DEFICIENCY <input type="checkbox"/> NO <input type="checkbox"/> YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT <input type="checkbox"/> NO <input type="checkbox"/> YES

RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION	WORLD-WIDE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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INDIVIDUAL DEFECTS/RESTRICTIONS	PASSES COLOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AC) 37 APPLIES.

*As shown by examination or review of Health Record or current course of treatment, individual is cleared for*

OVERSEAS ASSIGNMENT

RETIREMENT/SEPARATION WITHIN ONE (1) YEAR

REMOTE/ISOLATED TOUR

OTHER (Specify)

REMARKS

TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER	SIGNATURE					
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER	SIGNATURE					
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER	SIGNATURE					
DPMUO	DPMUM	DPMU(R)	DPMPD	DPMAR		