



**DEPARTMENT OF THE ARMY**  
WARRIOR TRANSITION COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VIRGINIA 22332-2500

13 JUL 2015

MCWT-OPT-P

WCTP Policy Memo 15-004

Expires: 13 July 2017

**MEMORANDUM FOR SEE DISTRIBUTION**

**SUBJECT: Profile Adherence**

**1. References:**

a. AR 40-501, Standards of Medical Fitness, 14 December 2007, RAR 4 August 2011.

b. AR 40-58, Warrior Care and Transition Program, 23 March 2015.

**2. Purpose:** To provide additional guidance on adherence to profiles of Warrior Transition Unit (WTU) Soldiers.

**3. Proponent:** The proponent for this policy is the United States Army Warrior Transition Command, G-3/5/7.

**4. Applicability:** This policy applies to all WTU commanders, cadre, and Soldiers in the Warrior Care and Transition Program.

**5. Background:** Soldiers assigned to WTUs have the primary responsibility to comply with their medical treatment plan, heal, rehabilitate and either return back to the Force or transition to Veteran status with dignity. To that end, Soldiers should be afforded every opportunity to do so in a safe manner that does not put them or commanders at risk. Many Soldiers have medical profiles that restrict them from certain activities due to their injuries or illnesses. They also are prescribed medications that limit their level of alertness, cognitive function, and impact their sleep wake cycle in a significant manner. This policy clarifies commanders' responsibilities with regards to profile management and the process to validate or revise equivocal profiles.

**6. Policy:**

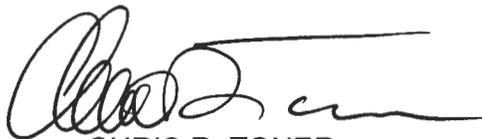
a. Commanders will ensure compliance with profiles written by authorized personnel IAW AR 40-501, are adhered to by cadre and Soldiers IAW AR 40-58 chapter 2. Adhering to the guidelines of the profile, and allowing for reasonable adjustments to report times, formations etc., will ensure the safest, most conducive healing environment within the WTU.

MCWT-OPT-P  
SUBJECT: Profile Adherence

b. Commanders and cadre must consider a Soldier's medical condition and medication profile when determining duty and accountability (reporting times/formations) requirements. For example, a Soldier's prescribed narcotics or sleep medication may cause cognitive dysfunction and sedation placing the Soldier's safety and that of other drivers at risk. Requiring Soldiers to drive while still under the influence of these types of medications is an unnecessary risk that is alleviated by careful consideration of and adherence to a Soldier's mitigating profile (i.e. no driving profile, delayed reporting). Commands are encouraged to have delayed reporting personnel conduct adaptive reconditioning (AR) or physical training at the end of the day. Additionally, profiles requiring a defined number of hours for sleep per day preclude 24 hours duty. Commands will not put duty over adhering to profiles.

c. Commanders and cadre having concern(s) about any portion of a Soldier's profile, must address the issue with the profiling physician, IAW AR 40-501 chapter 7, for verification or revision. Commanders are responsible for addressing profiles in controversial or equivocal cases (i.e. no uniform, no shaving, etc.) with the profiling physician directly, in coordination with the Battalion Surgeon. If an issue is not resolved for a controversial or equivocal profile, the WTU CDR may address the issue with the Military Treatment Facility (MTF) CDR. The MTF Commander is the final authority on profile adjudication.

7. Responsibilities. Commanders will ensure this policy is disseminated to the lowest level.



CHRIS R. TONER  
Colonel, IN  
Assistant Surgeon General  
for Warrior Care and Transition and  
Commander, Warrior Transition Command

DISTRIBUTION:  
SENIOR COMMANDERS, ARMY COMMANDS  
SENIOR COMMANDERS, ARMY SERVICE COMPONENTS  
SENIOR COMMANDERS, DIRECT REPORTING UNITS  
COMMANDERS, REGIONAL MEDICAL COMMANDS  
COMMANDERS, SUPPORTING MTFs  
COMMANDERS, WARRIOR TRANSITION UNITS