MEMORANDUM FOR Commanders, MEDCOM Regional Health Commands, Supporting Military Treatment Facilities, and Warrior Transition Units

SUBJECT: Profile Adherence

1. References:
   a. AR 40-501 (Standards of Medical Fitness), 22 December 2016.
   b. AR 40-58 (Warrior Care and Transition Program), 23 March 2015.

2. Purpose: To provide additional guidance on adherence to profiles of WTU Soldiers.

3. Proponent: The proponent for this policy is Deputy Chief of Staff-Warrior Care Transition (DCS-WCT).

4. Applicability: This policy applies to all Warrior Transition Unit (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. 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 profiles written by authorized personnel in accordance with (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

* This policy memo supersedes WCTP Policy Memo 15-004, 13 July 15, subject: Policy Adherence.
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report times, formations, etc., will ensure the safest, most-conducive healing environment within the WTU.

b. Commanders and cadre must consider a Soldier’s medical condition and medication profile when determining duty and accountability (reporting times/formations) requirements, including where applicable, specific duty locations and the nature of the Soldier’s activity. 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 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 place duty requirements above adherence 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 or healthcare provider, IAW AR 40-501, Chapter 7, for verification or revision. Commanders are responsible for directly addressing controversial or equivocal profiles (i.e., no uniform, no shaving, etc.) with the profiling physician or healthcare provider, in coordination with the battalion surgeon. If an issue is not resolved for a controversial or equivocal profile, the WTU commander may address the issue with the Military Treatment Facility (MTF) commander. The MTF Commander is the final authority on profile adjudication.

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

FOR THE COMMANDER:

[Signature]

ROBERT L. GOODMAN
Chief of Staff