TMD 3349-R

Texas Military Department Case Management Services Civilian Medical Provider's Functional Assessment

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 104-191; E.O 9397 (SSAN); DoD 6025.18R. PRINCIPAL PURPOSE(S): TXMF 3349-R is utilized to provide the Texas Army National Guard (TXARNG), G1 Health Services Medical Case Management personnel with pertinent medical diagnoses, treatment, and prognoses information for a TXARNG Service Member's past or present medical condition(s). ROUTINE USE(S): Information provided on this form by a civilian medical provider for a TXARNG service member's past or present medical condition(s) is exclusively utilized to formulate the military medical treatment plan of care in order to determine the service member's medical condition trajectory and their availability for continued military service IAW AR 40-501, Standards of Medical Fitness and any other applicable TMD established policies. DISCLOSURE: Voluntary; however, failure to provide this information may result in the significant delay of the Service Member's concurrent military medical plan of care and/or the processing of current or future Physical Disability Evaluation System (PDES) procedures or determinations.											
<u>Thank You</u> for taking the time to provide this important medical freatment information for your patient serving in the Texas Army National Guard. Please be as specific as possible with your diagnosis (using ICD-10 coding), the treatment(s), prognosis, and applicable temporary or permanent limitation listed on this form.										TXARNG as Military	
SECTION I – PATIENT DATA (This section completed by Medical Readiness NCO) 1. NAME (Last, First, Middle Initial) 2. DATE OF BIRTH (YYYYMMDD) 3. EDIPN (CAC ID Number)											
1. NAIVIE (Last, First, Middle Initial)					,	,					
4. UNIT (UIC) 5. DATE(s) OF MILITARY ASSESSMENT/PROFILE(C				DFILE(Comple	ted by Military Pro	ovider)	6. DATE OF REQUEST				
	N/A	Permanent	Tempora	ry Dated:							
Please provide detailed information related to your patient's medical conditions in order to assist the TXARNG in determining the service member's availability for worldwide military deployment or their capacity for continued military service in the United States Armed Forces. Please detail the medical condition(s) you are currently treating, or have provided care for, in the last 90-days. IMPORANT NOTICE: Supporting medical treatment records are required to validate the statements on this form.											
			SECTION II	I – MEDICAL	CONDITION	S					
7a. CONDITION	CONDITION # 1 ICD-10 Dx Code CONDITION #1 NARRATIVE (If ICD-10 code not provided or applicable)										
7b. CONDITION # 2 (if any) ICD-10 Dx Code CON				CONDITION #2 NARRATIVE (If ICD-10 code not provided or applicable)							
7c. CONDITION # 3 (if any) ICD-10 Dx Code CONDITION #3 NARRATIVE (If ICD-10 code not provided or applicable)											
		SECTIO	N III – CIVILI,	AN PROVID	ER TREATME						
Please include a	ny pertinent labo	our medical treatment plan for ratory tests performed, resu medical treatment record.									
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	reatment lan:										
	reatment lan:										
SECTION IV – CIVILIAN PROVIDER PROGNOSIS											
 9. Please provide your medical prognosis and limitations, if any, of the service member's condition(s) as they pertain to the questions below: 9a. Do you expect the service member's recovery period to be greater than one (1) year from onset? — Yes No 											
9b. If less than one year, how many weeks or months of recovery are anticipated? No. of weeks No. of months											

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SECTION IV – CIVILIAN PROVIDER PROGNOSIS (CONT.)											
9c. Provide the date you feel is optimal for the service member to return to limited, or light duty, work: MONTH/DAY/YEAR											
9d. Can the service men	Yes	No		Please detail belo marching specific	ow any necessary lifting restrictions.	, carrying, s	standing or				
9d. Do you recommend	*Yes	No		*No weight gre	eight greater than:Ibs						
9e. Do you recommend standing or marching time restrictions? *Ye						*No time greate	ter than:mins.				
9f. Do you recommend	*Yes	No		*No distance g	ce greater than:miles						
SECTION V – MILITARY PHYSICAL FITNESS TRAINING / ARMY COMBAT FITNESS TESTING (Reference Page 3)											
Please provide your medical judgment of the service member's ability to participate in military physical fitness training and testing; Can the service member?											
10a. Participate in milita	a. Participate in military physical fitness training? Yes *No			o *10b. If "No", when could they participate?				MONTH /	DAY / YEAR		
10c. Participate in milita	ry physical fitness testing?	Yes	*No	*10)d. lf "l	No", when could	Id they participate? MONTH / DAY / \				
10e. If 10c. is answered "Yes", please indicate the ACFT individual events that the service member can participate in (events reference is on page 3):											
All Maximum Dead Lift Standing Power Throw Hand-release Push Up Sprint / Drag / Carry Plank 2-Mile Timed Run; if not, please answer 10f.											
10f. If "2-Mile Timed Run" is not checked above, please indicate if the service member can perform any/all of the alternate events below for testing?											
12,000 - meter stationary bik	se 5,000 - meter seated row 1,	,000 - meter	swim 2	2.5 - mil	le walk						
	SECTION VI – SERVICE M	EMBER'S	MILITARY	COM	IMON	TASKS ASSES	SMENT				
All TXARNG service members are required to perform the military common tasks listed below. Considering the service member's medical condition(s) you are treating, or have treated in the past, please tell us: In your medical opinion, is it safe, i.e., medically prudent, for your patient to:											
11a. Physically and/or mentally able to carry and fire their assigned weapon (<i>i.e. firearm, rifle, pistol</i>)?							Yes	No			
11b. Ride in a military vehicle while wearing all usual protective gear without worsening their condition(s)?								Yes	No		
11c. Wear their helmet,	body armor*, and load bearing	equipme	nt (LBE) w	ithout	t wors	sening their cor	ndition(s)?	Yes	No		
*Body armor, known as the Improved Outer Tactical Vest (IOTV), when fully equipped and complete with all its components; soft armor panel inserts, four ballistic plate inserts with front/back/side bullet proof plates, collor and groin protectors). The total IOTV will weigh 30-35 pounds (13.6 - 15.9 kgs). Total loads for a service member can be in excess of 50 pounds (22.7 kgs).											
11d. Wear protective mask and MOPP* for at least 2 continuous hours per day without worsening their condition(s)? *Mission Oriented Protective Posture (MOPP) is a flexible system of protection against chemical, biological, and radiation contamination where the service member is required to wear a protective mask and overclothing that imposes work-rate limitations depending upon the environmental conditions employed in, e.g. ambient temperatures, humidity, ect.								Yes	No		
11e. Move greater than 40 lbs. while wearing protective gear (helmet, weapon, body armor, and LBE) up to 100 yards without worsening their condition(s)?								Yes	No		
11f. Live and function, without restriction, in any geographic or climatic area* without worsening their condition(s)?								Yes	No		
*An austere environment for service members can involve; temperature extremes in excess of 120° F and below 0° F, operational elevations of 400 feet above ground level, and extended periods of time without the availability to perform personal hygiene needs. Austere environments must be tolerated while isolated from medical care and for no less than 72-hours without worsening the service member's medical condition(s).											
12. Are any of the restric	ctions or limitations on this form	perman	ent, i.e. ch	ronic	, stati	c, or reached e	end of treatment?	Yes	No		
Thank you a	gain for taking the time and e	effort to	provide th	is im	porta	ant medical inf	formation for you	r patien	t.		
If you have any o	uestions about this form, ple						neir Medical Rea	adiness	NCO.		
SECTION VI – CIVLIAN PROVIDER DEMOGRAPHICS 13. PROVIDER'S NAME 14. PRIMARY MEDICAL SPECIALTY											
13. FROVIDER 3 NAME				14	F. F INI	WART WEDICAL	SFECIALIT				
15. OFFICE ADDRESS					16. CITY, STATE, & ZIP CODE						
17. OFFICE PHONE	18. (18. OFFICE FAX									
19. PROVIDER'S SIGNATURE 20. DATE SIGNED MONTH / DAY / YEAR											
	SECTION VII – TXARNG CASE MANAGEMENT USE ONLY										
21. MEDCHART CASE #	22. EMMPS CASE # (if applicable)		rofile Initia Yes	ted No	24. el	Profile Date	25. eProfile Route	d To:			

3 REPETITION MAXIMUM DEADLIFT (MDL)

Deadlift the maximum weight possible three times.

The MDL assesses the Muscular Strength component of fitness by measuring a Soldier's lower body, grip and core muscular strength. It requires well-conditioned back and leg muscles and helps Soldiers to avoid hip, knee and lower back injuries. Flexibility and balance are secondary components of fitness assessed by the MDL.

PROPER TECHNIQUE AND SAFETY TIPS



STANDING POWER THROW (SPT)

Throw a 10-pound medicine ball backward and overhead for distance.

The SPT event assesses the Power component of fitness by measuring a Soldier's ability to generate quick, explosive movements with their upper and lower body. Secondary components of fitness assessed by the SPT include Balance, Coordination and Flexibility.

PROPER TECHNIQUE AND SAFETY TIPS



HAND RELEASE PUSH-UP - ARM EXTENSION (HRP)

O2 MINUTES

Complete as many Hand-Release Push-ups as possible in two minutes

The HRP assesses the Muscular Endurance component of fitness by measuring a Soldier's upper body endurance. The HRP is a strong driver for upper body and core strength training. Flexibility is a secondary component of fitness assessed by the HRP.

PROPER TECHNIQUE AND SAFETY TIPS

PLANK (PLK)

assessed by the PLK.

Maintain a proper plank position for as long as possible

SPRINT-DRAG-CARRY (SDC)

Conduct 5 x 50 meter shuttles for time - sprint, drag, lateral, carry and sprint

The SDC assesses the Muscular Endurance, Muscular Strength, Anaerobic Power and Anaerobic Endurance components of fitness by measuring a Soldier's ability to sustain moderate to high intensity muscular work over a short duration. Secondary components of fitness assessed by the SDC include Balance, Coordination, Agility, Flexibility and Reaction Time.

PROPER TECHNIQUE AND SAFETY TIPS



PROPER TECHNIQUE AND SAFETY TIPS

The PLK assesses the Muscular Endurance component of fitness by measuring a Soldier's core strength and endurance. Balance is a secondary component of fitness

TWO-MILE RUN (2MR)

Run two miles for time on a measured, generally flat outdoor course.

The 2MR assesses the Aerobic Endurance component of fitness. Higher aerobic endurance allows a Soldier to work for long periods of time and to recover more quickly when executing repetitive physical tasks.

PROPER TECHNIQUE AND SAFETY TIPS

