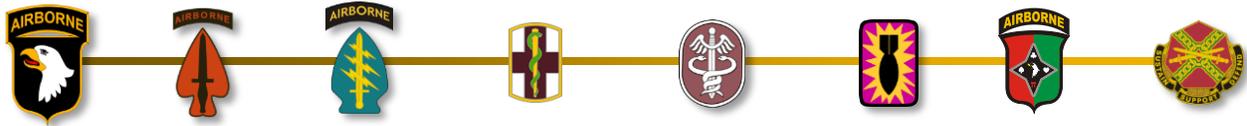


Civilian On-Duty Wellness & Fitness Program

Participant Information & Enrollment Packet

Revised 24 February 2016



CIVILIAN ON-DUTY WELLNESS & FITNESS PROGRAM

Welcome Message

Welcome to the Civilian On-Duty Wellness & Fitness Program! Civilian employees are the backbone of this Installation. Their resilience and fitness must enable them to thrive in an era of high operational tempo and challenges. The ultimate goal of the Civilian On-Duty Wellness and Fitness Program is to encourage lifestyle changes that increase an individual's resilience and fitness. The program also supports growth within the organization's environment by enhancing morale, increasing workplace productivity, containment of medical costs, reduced absenteeism, and increased job and life satisfaction among the workforce.

This voluntary program is designed to enhance the well-being and fitness levels of the Fort Campbell Civilian workforce by making fitness a priority within the duty day. As the Garrison Commander, I support participation of all full-time USAG civilian employees, to include non-appropriated fund employees and encourage support of the tenant organization leadership for your employees as mission allows.

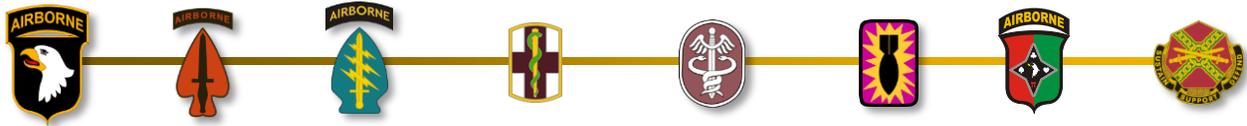
Like Comprehensive Soldier Fitness, Civilian Wellness incorporates the physical, mental, spiritual, social and emotional aspects that comprise optimal well-being. Physical fitness is the area of well-being that allows us to carry out daily functions with confidence and endurance, while leaving enough energy to pursue leisure activities.

The components of fitness include strength, flexibility, cardiovascular endurance, and body composition. These health-related components are vitally important to our quality of life. To some capacity, we each can choose how to improve our levels of fitness.

Your interest in this program is greatly appreciated. Please take a few minutes to acquaint yourself with the participant's Information.

If you have any questions regarding the Civilian Fitness Program, please contact the Garrison Wellness Coordinator, Sharon Shaw at (270)412-7257, or email: Sharon.I.shaw6.naf@mail.mil

JAMES R. SALOME
COL, IN
Commanding



Program Overview

The intent of the Civilian Wellness Program is to assist participants with obtaining all or a combination of weight loss, Body Mass Index (BMI) change, blood pressure reduction or resting heart rate change. The amount of gain will vary among individuals based on your current body composition and physical abilities. The program provides use of one hour of on-duty time to ensure you have the ability to perform fitness activities for one hour, a time length which provides the greatest benefit. The following paragraphs define the roles, responsibilities and requirements associated with the program.

1. **Garrison Wellness Coordinator:** The Fitness Program Specialist in the Directorate of Family and Morale, Welfare and Recreation will serve as the Garrison Wellness Coordinator (GWC) for Fort Campbell and will:

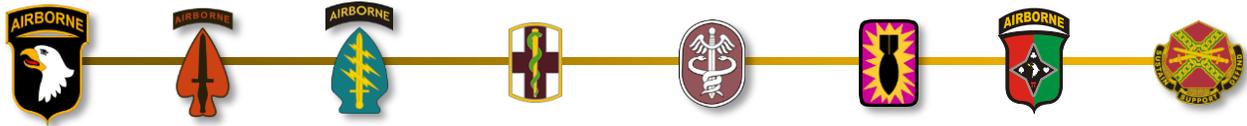
- Serve as the primary point of contact for this program with the Garrison Commander
- Participate in the CHPC Physical working group.
- Maintain rosters and data of employees successfully completing the program
- Submit enterprise metrics to the Installation Management Command (IMCOM)

2. **Supervisors:** Supervisors will:

- Ensure that mission requirements will be met.
- Ensure time and attendance is entered as Excused Absence (LV).
- Terminate employee's participation and convert previous participation to Annual Leave (or LWOP if requested) when it has been determined that the employee is not using the allotted time as agreed upon.
- Encourage employees to actively pursue a healthy lifestyle and maintain fitness schedules.

3. **Certified Fitness Specialists (CFS):** The Sports and Fitness Branch (S&F) of the Directorate of Family and Morale, Welfare and Recreation (DFMWR) will provide a CFS to conduct various aspects of this program. S&F will:

- Receive names of approved participants from GWC
- Schedule and conduct introductory sessions with new participants
- Administer the initial Physical Activity Readiness Questionnaire (PAR-Q)
- Conduct entry-point fitness assessments of strength, cardiovascular, flexibility and body composition
- Develop an action plan with the participant
- Conduct a mid-point and end-state fitness assessment
- Provide program reports to GWC



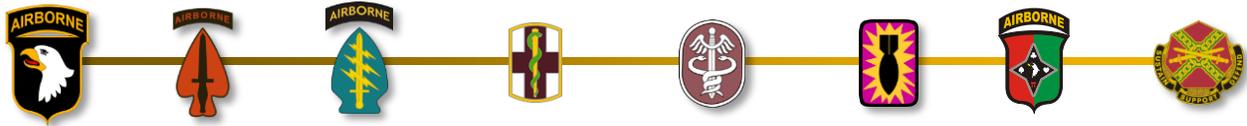
Program Overview

4. **Program Participants:** Employees participating in the program will be accountable for all phases of participation. Employees will:

- Obtain information from the GWC.
- Request approval from supervisor and enter into a contract (Enrollment Packet) Select program times which will provide 1 full hour of exercise (duty time in-conjunction with non-duty time such as lunch period.
- Attend introductory sessions with a Certified Fitness Specialist (CFS)
- Complete the Physical Activity Readiness Questionnaire (PAR-Q) and a Health History Questionnaire. Answers indicating a need to obtain medical clearance or personnel with a history of respiratory, orthopedic, coronary or other serious health issues must obtain medical clearance from a physician prior to enrolling (at employee's expense).
- Participate in entry-point fitness assessment by CFS and develop an action plan to achieve a positive change in one or more areas: weight, BMI, blood pressure and/or resting heart rate.
- Maintain daily workout log provided by the CFS on entry point assessment.
- Participate in mid-point and final fitness assessments by CFS.
- Participate in initial and final program surveys.
- Disenrollment, if required, will occur in writing or email notification to my supervisor, GWC and CFS.

5. **Community Health Promotion Council (CHPC):** The CHPC, IAW CAM REG 600-63, will monitor the establishment and progress of this program. The CHPC will:

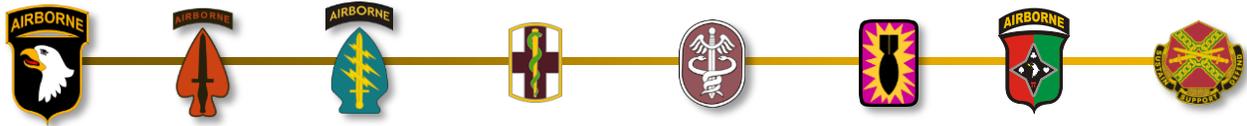
- Facilitate the strategic communications for the program and serve as a champion for wellness on behalf of Civilians.
- Assist in mobilizing community assets to address specific health concerns specific to the Civilian workforce.
- Coordinate issues impacting Civilian Fitness through the Physical Resiliency Working Group.



Program Overview Continued

Step by Step Engagement

- 1) Employee discusses the program with the GWC.
- 2) Employee requests formal approval from supervisor and jointly sign contract.
- 3) Employee or Supervisor provides signed enrollment packet and contract to obtain Director's signature.
- 4) Employee emails enrollment packet to DFMWR Sports and Fitness (S&F) Branch Sharon Shaw @ Sharon.I.shaw6.naf@mail.mil.
- 5) CFS schedules introductory sessions and entry level fitness assessment with participants.
- 6) CFS conducts entry level fitness assessments, develops a plan of action, and provides a log book.
- 7) Employees and their supervisor complete a survey to determine program interest perspectives.
- 8) CFS conducts a mid-point assessment to determine progress and goal attainment.
- 9) CFS conducts a final assessment and provides participation data to Garrison Wellness Coordinator (GWC).
- 10) CFS provides a final survey to determine program attitude change.
- 11) GWC provides enterprise-wide metrics to IMCOM.



Civilian On-Duty Wellness and Fitness Program Contract and Enrollment Packet

Welcome to the Civilian On-Duty Wellness and Fitness Program. You are on the way to enhancing your overall wellness, specifically physical fitness – It begins with YOU! The components of fitness include strength, flexibility, cardiovascular endurance, and body composition. These health-related components are vitally important to our quality of life.

We appreciate your interest and hope to make the enrollment process as simple as possible. Please take a few minutes to review and acquaint yourself with the requirements. It is important to note that you will not be enrolled in the program unless all paperwork is complete and you have medical approval to begin (those required by Paragraph 5 of Program Overview). You must obtain your supervisor's approval by completing the Fitness Program Contract.

Your name and personal information will be protected by assignment of a tracking number during the initial assessment process. If you have concerns about Confidentiality, discuss with the Certified Fitness Specialist (CFS) prior to the start of your assessment. Information provided will be maintained by the Garrison Wellness Coordinator and CFS as required by the Privacy Act of 1974.

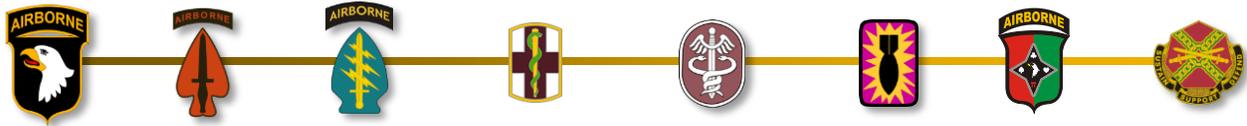
You are encouraged to seek additional information on Civilian Wellness by connecting to: www.facebook.com/IMCOMCivilianwellness

Assessments are scheduled through the CFS at 270-412-7257. If you have program questions, please contact the Garrison Wellness Coordinator at (270) 412-7257

ENROLLMENT PACKET TABLE OF CONTENTS

1. Civilian On-Duty Wellness and Fitness Program Contract
2. Physical Activity Readiness Questionnaire (PAR-Q)
3. Health History
4. Medical Approval by Health Care Provider
5. Informed Consent
6. Physical Fitness Program Release/Waiver of Liability

Congratulations for taking the first step towards a healthier you!



Civilian On-Duty Wellness and Fitness Program Contract

This contract is for enrollment in a Civilian Wellness and Fitness Program that is available to IMCOM Civilian (AF & NAF) employees with tenant implementation as determined by the tenant organizational leadership.

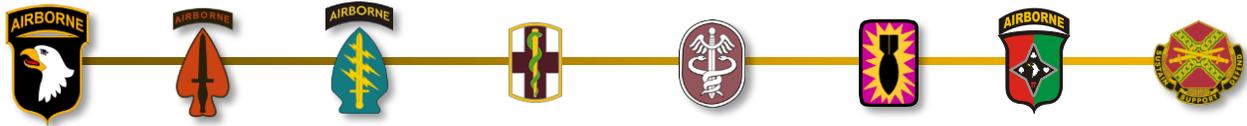
I, _____ hereby commit to 1 hour a day, 3 days per week, over a consecutive 6 month period beginning (1st fitness day falling after assessment completion) and ending _____.

My signature indicates that I have reviewed the Civilian On-Duty Wellness and Fitness Program Contract and Enrollment Packet and I volunteer to participate and acknowledge the following;

- I understand that my supervisor may interrupt the schedule for immediate work requirements.
- I understand that exercise sessions will start and finish on the installation; unused exercise hours may not be carried forward to subsequent weeks unless due to approved absences. In those cases, I may request an extension to the enrollment period by submitting an adjusted end date for my supervisor’s approval.
- I understand that specified exercise periods are official duty time and may not be used for any non-duty purpose. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours and would be subject to the same disciplinary actions.
- Failure to complete the program through the final assessment may result in an “Incomplete” notification to the supervisor and the change from excused absence to annual leave if warranted (or LWOP at employee’s request). I must use the appropriate ATAAPS code for accountability purposes (Excused Absence: LV).
- I understand that the program may consist of exercise, walking groups, strengthening exercises; limited weight training exercises, or other activities designed to improve individual wellness levels.
- I have coordinated with my supervisor to obtain three days and times that will ensure work requirements are maintained throughout the program. The Days and Times indicated in the table below are based on that coordination.
- I will maintain the workout logbook provided by the CFS as a means to track participation.

Proposed Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
DAY					
START TIME					
END TIME					



Civilian On-Duty Wellness and Fitness Program Contract Continued

Participant's Name

Participant's Signature

Date

****I agree to and approve participation in the scheduled fitness program on the days and time indicated in the table above.**

Supervisor's Name

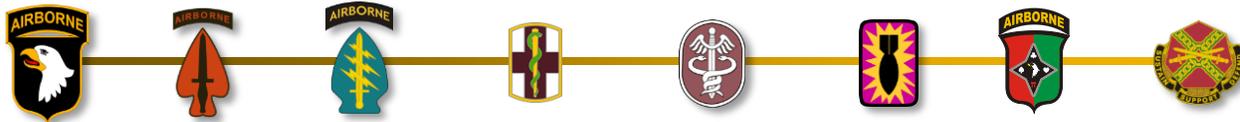
Supervisor's Signature

Date

Director's Name

Directors Signature

Date



Physical Activity Readiness Questionnaire (PAR-Q)

Name Height Weight
 Phone Email
 Active Sedentary

Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

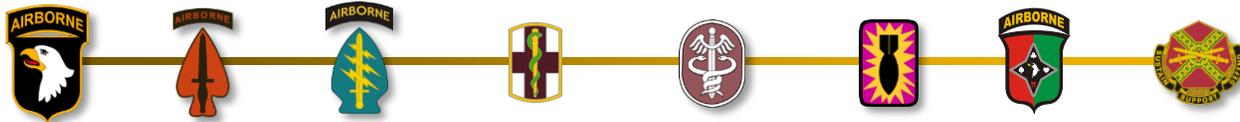
1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
A:
2. When you do physical activity, do you feel pain in your chest?
A:
3. When you were not doing physical activity, have you had chest pain in the past month?
A:
4. Do you ever lose consciousness or do you lose your balance because of dizziness?
A:
5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?
A:
6. Is a physician currently prescribing medications for your blood pressure or heart condition?
A:
7. Are you pregnant?
A:
8. Are you 69 years of age or older?
A:
9. Do you know of any other reason you should not exercise or increase your physical activity?
A:

If you answered 'yes' to any of the above questions, talk with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answered yes. Have your provider (doctor) fill out the form on Page 11 titled: "Medical Approval by Health Care Provider".

If you honestly answered 'no' to all questions, you can be reasonably positive that you can safely increase your level of physical activity **gradually** under the supervision of this program.

If your health changes where you must answer 'yes' to any of the above questions, seek guidance from a physician before continuing.

Participants Signature	Date



HEALTH HISTORY

Date:

1. Name:

2. Age: Male Female

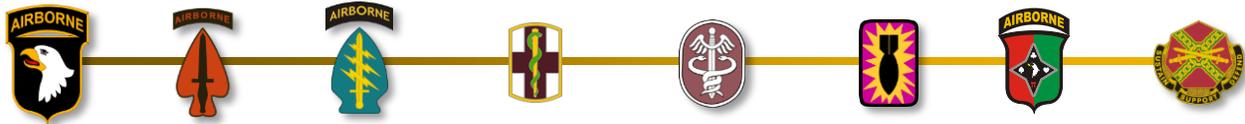
3. Emergency Contact Name:
Phone:

4. Resting Heart Rate (If Known)
Resting Blood Pressure (If Known) /

5. Past and Present Health Problems (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Diseases of the heart and arteries | <input type="checkbox"/> Abnormal electrocardiogram |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Angina pectoris (chest pain) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Abnormal chest X-Ray |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Other lung Diseases | <input type="checkbox"/> Orthopedic/muscular |
| <input type="checkbox"/> Diabetes | |

If any of the above are checked, please explain further and indicate any recommendations your doctor has made regarding exercise.



6. Level of Physical Activity:

Q: Are you currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, aerobics, etc?

A: _____

Q: Are you currently participating in weight training?

A: _____

Q: Do you perform stretching exercise on a regular basis?

A: _____

7. What best describes your level of physical activity during the past 6 weeks?

Very Active Moderately Active Occasionally Active Inactive

8. Please indicate any additional exercise information which you think is important for us to know prior to fitness testing or exercise.

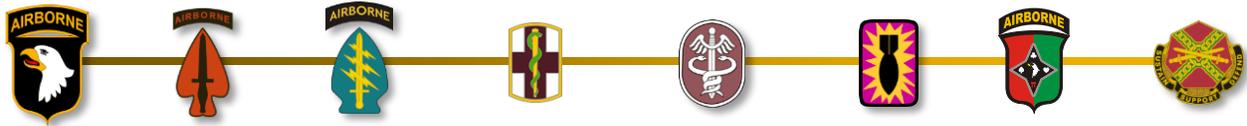
9. Is there a family history of heart disease, hypertension, stroke, diabetes, heart failure, lung disease, or epilepsy? A: _____

If yes, please provide information regarding who the relative is, the medical problem, and the age at onset or death:

10. Do you currently smoke cigarettes? A: _____

If yes, how many cigarettes per day?

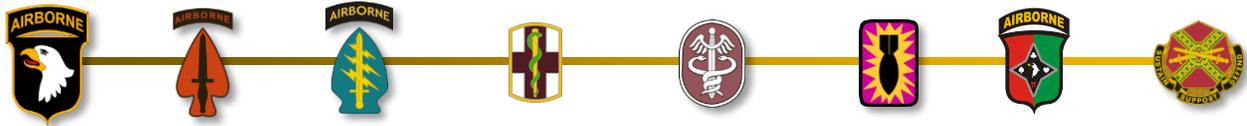
If you smoked in the past, when did you quit?



11. Are you currently taken medication prescribed by a physician? A: _____

If yes, indicate name of medication, dosage and reason for taking it.

12. Please indicate any additional medical information that you think is important for us to know prior to fitness testing or exercise.



MEDICAL APPROVAL BY HEALTH CARE PROVIDER

(Participant: If you answered "YES" to any of the ten key questions on the PAR-Q, this form must be completed by your healthcare provider prior to beginning the program)

Patient Name:

The aforementioned individual has medical approval to participate in the physical fitness component of the Civilian On-Duty Wellness & Fitness Program. I understand that the program includes mild to moderate intensity exercise, and may be conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires. Participants will be authorized to exercise at the fitness facilities located on Fort Campbell, Kentucky.

If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

The following exercise restrictions and substitutions apply (if none, so state):

<input type="text"/>	<input type="text"/>
----------------------	----------------------

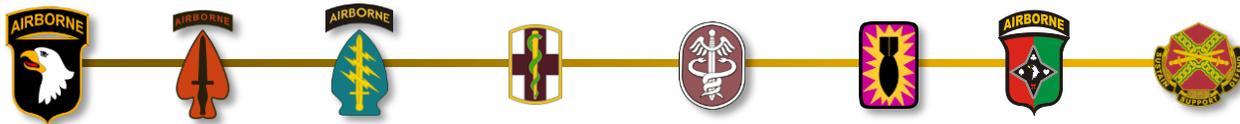
Health Care Provider's Signature

Date

Provider's Print Name/Stamp:

Office telephone number:

Email Address:



Informed Consent

PLEASE READ THE FOLLOWING CONSENT FORM, IF YOU WISH TO PROCEED WITH YOUR EXERCISE TEST, SIGN WHERE INDICATED.

1. The exercise test that you will perform consists of stepping on and off a 12-inch step for 3 minutes. The purpose of this test is to examine the response of your heart and lungs to exercise and recovery. In this way, we hope to determine how much work you can do and what can be done to improve your physical condition.
2. Minimal complications have been noted during exercise testing but if the Certified Fitness Specialist (CFS) determines you are not tolerating the test requirements, the exercise test will be stopped. You are also urged to report any unusual symptoms during the test. You may request that the test be stopped at any time. Mild light-headedness and even fainting may occur, and there is a slight risk of cardiovascular complications, such as abnormal blood pressure, a heart attack or even death. Every effort has been made to minimize these risks by evaluation of your health history form. If you have any health conditions, especially related to heart or lung function, please be sure to let us know before testing begins.
3. My questions have been answered concerning the exercise test. I have read and understand the above statements and hereby consent to participate.

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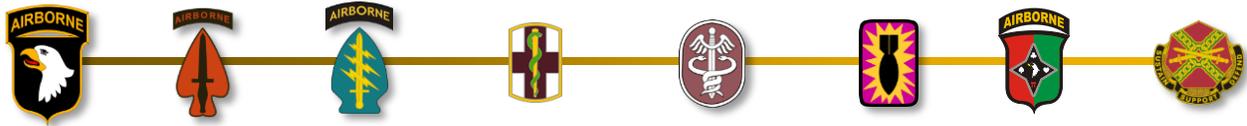
Participant Signature

Date

--	--

Witness Signature

Date



Physical Fitness Program Release/Waiver of Liability

(Note: IAW Part 10 – Claims for Compensation under the Federal Employees' Compensation Act (FECA), As amended, Subpart A – General Provisions Rights and Penalties: No employer or other person may require an employee or other claimant to enter into any agreement, before or after an injury or death, to waive his or her right to claim compensation under the FECA. No waiver of compensation rights shall be valid).

I know that participating in a physical fitness program can be a potentially hazardous activity. I will not enter this program unless I am medically fit. I assume all risks associated with participating in this program, including, but not limited to injuries related to falls, heart attack, stroke, heat related injuries, contact with other participants, infectious diseases, and equipment conditions. I understand that this release/waiver does not affect (if provided as part of my employment) my rights under FECA or U .S. Army Non-appropriated Fund Workers' Compensation Program.

In consideration of the opportunity to participate in the physical fitness program, I understand and do hereby agree to assume all of the above risks and other related risks which may be encountered in said physical fitness program. I do hereby agree to hold the United States Government, its officials, and personnel harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with my participation in any other associated activities of the Physical Fitness Program [release and waiver of liability does not prevent me from receiving available emergency medical care or medically-related entitlements routinely available to me if I am military/family member or federal employee.]

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the applicable State, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto and the terms of this release are contractual and not a mere recital.

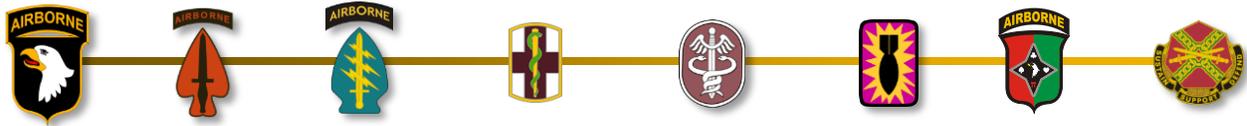
I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding document which I have read and understand.

Participants Name:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Participants Signature

Date



Civilian On-Duty Wellness and Fitness Program Voluntary Disenrollment

This form supports a program participant’s desire to submit a voluntary disenrollment from the Civilian Wellness and Fitness Program. Disenrollment requires signature of program participant and participant’s supervisor. Completed forms will be provided by the participant to the Certified Fitness Specialist (CFS), Sports and Fitness Branch, Directorate of Family and Morale, Welfare and Recreation.

I, hereby request disenrollment from the Civilian On-Duty Wellness and Fitness Program which began on
reason:

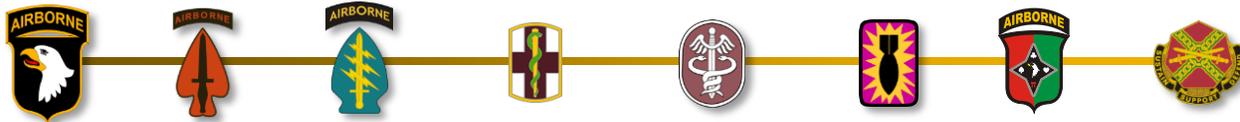
I acknowledge that my supervisor is required to approve my disenrollment as my supervisor’s signature confirms that my request was not based on pending adverse actions and to ensure that ATAAPS (or applicable pay systems) entries associated with documentation of official duty time program participation will remain coded as excused absence.

I acknowledge that I will be able to submit a new Civilian On-Duty Wellness and Fitness Program Contract to be reinstated into the program to use the time remaining from my previous enrollment if I desire.

I acknowledge that if my disenrollment from the program was for medical reasons, than I must submit a Medical Approval by Health Care Provider form to be reinstated into the program.

Participant’s Name

<input type="text"/>	<input type="text"/>
Participant’s Signature	Date



CIVILIAN WELLNESS PROGRAM PRE-ASSESSMENT SURVEY

(To be submitted with approved enrollment packet)

1. My Supervisor fully supports my participation in this program:

YES NO

2. I would like to do activities that will improve my (check all that apply):

Ability to run Ability to breath easier

Ability to walk Ability to lift

Ability to lift Ability to climb

Cardiovascular Ability Ability to loose weight

Other (Specify)

3. I feel I am handling stress:

WELL FAIR POORLY

4. My greatest stress level is at:

Work Home Both

5. I decided to participate in this program to (check all that apply):

Lose weight Tone up

Increase lifting ability Increase Stamina

Improve overall health and well being Help stop smoking

Improve nutrition and eating habits Decrease stress

Other

6. I love to exercise but (check all that apply):

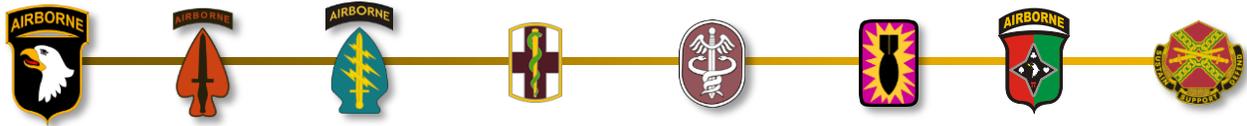
Have physical disabilities No desire

Prefer to to other exuberant activities Cannot get a routine going

Cannot find time Do not have scheduled time

7. I am aware that 20 minutes of exercise will help me retain my current level of fitness:

YES NO



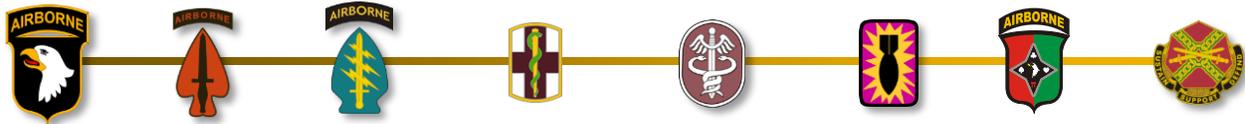
8. Check all that apply for a normal workday:

- | | |
|--|---|
| <input type="checkbox"/> I get out of the office for breaks | <input type="checkbox"/> I do not eat lunch |
| <input type="checkbox"/> I do not take any breaks | <input type="checkbox"/> I come in early |
| <input type="checkbox"/> I work through lunch | <input type="checkbox"/> I listen to music |
| <input type="checkbox"/> I go home late | |
| <input type="checkbox"/> I take time to speak with people throughout the day | |
| <input type="checkbox"/> I periodically snack while I'm working | |
| <input type="checkbox"/> I get away from the desk to eat my lunch | |
| <input type="checkbox"/> I routinely eat my lunch at my desk | |

9. I believe I have good nutritional habits: YES NO (check all that apply):

- I drink soda on a routine basis
- I snack on fruits and vegetables
- I eat three meals a day
- I eat a large breakfast before coming to work
- I skip lunch but make up for it at dinner
- I eat seconds at dinner
- I eat breakfast
- I get hungry often
- I skip meals

10. Provide comments that would make your participation in the Civilian Wellness Program a better experience:



CIVILIAN WELLNESS PROGRAM POST-ASSESSMENT SURVEY

(To be submitted at completion of the six month program)

1. My Supervisor supported my attendance throughout the program.

YES NO

2. My Supervisor helped me adjust when mission requirements interfered.

YES NO

3. I made improvements in the following areas (check all that apply):

Ability to run Ability to breath easier

Ability to walk Ability to lift

Ability to lift Ability to climb

Cardiovascular Ability Ability to loose weight

Other (Specify)

4. I feel that I handled stress better during participation in the fitness program:

YES NO No Difference

5. I have decreased my stress while at:

Work Home Both

6. Program participation enabled me to (check all that apply):

Lose weight Tone up

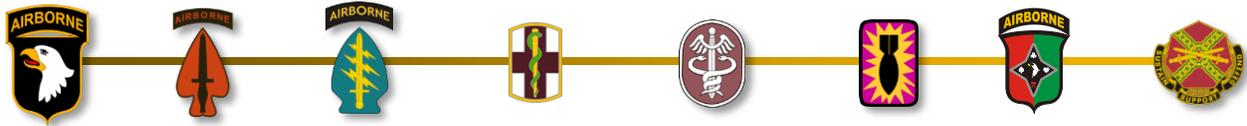
Increase lifting ability Increase Stamina

Improve overall health and well being Help stop smoking

Improve nutrition and eating habits Decrease stress

Other

7. I now have a routine that will enable me to continue my exercise program:



YES NO

8. I routinely exercised more than one hour for the three days a week provided by the on-duty program:

YES NO

9. I routinely exercised for at least 30 minutes, 3 days a week:

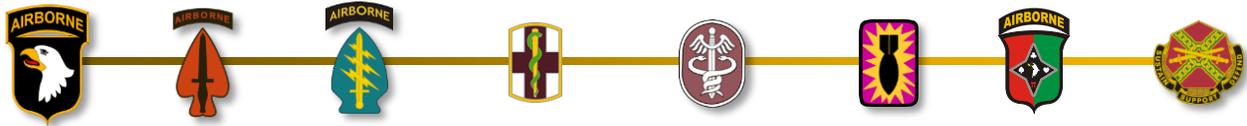
YES NO

10. I have changed my workday habits and now (check all that apply):

- Take lunch breaks
- Eat lunch
- Do not work through lunch
- Do not come in early
- Do not go home late
- Take time to speak with people throughout the day
- Snack while I am working
- Get away from the desk to eat lunch

11. I have improved my eating habits by (check all that apply):

- Reducing/Stopping my soda intake
- Snacking on fruits and vegetables
- Eating three meals a day
- Eating breakfast
- Eating lunch
- Reducing my dinner portions
- Snacking often
- Not skipping meals



12. Provide comments that made your participation in the Civilian Wellness Program a better experience: