

# **USAACE and Fort Rucker Civilian Fitness Enrollment Packet Guide**



# CIVILIAN FITNESS PROGRAM GUIDE/ENROLLMENT PACKET

Welcome to the Civilian Fitness Program! We appreciate your interest and hope to make the process of enrolling in the program as simple as possible. Please take a few minutes to acquaint yourself with the Enrollment Packet.

The Enrollment Packet is designed to complete all the steps necessary to enroll civilians that qualify in the Civilian Fitness Program. It is important to note that you will not be enrolled in the program unless all paperwork is complete and you have received medical approval (as applicable) to start the program. When you are approved for the program you will received an Enrollment Approval form.

CONGRATULATIONS on taking the first step to getting FIT and staying FIT!

## Table of Contents

1. Welcome/Table of Contents.....	2
2. Overview.....	3
3. Program Schedule and How to Enroll.....	4
4. What to Bring and Expect during the assessment.....	5
5. Part 1: Fitness Assessment Checklist.....	6
6. Civilian Fitness Contract.....	7
7. Physical Activity Readiness Questionnaire (PAR-Q).....	8
8. Physical Fitness Program Release/Waiver of Liability.....	9
9. Medical Approval by Health Care Provider form.....	10
10. Withdrawal Form.....	11
11. Part 2: Fitness Assessment Checklist.....	12
12. My Wellness Results PRE- ASSESSMENT.....	13
13. My Wellness Results POST ASSESSMENT.....	14
14. End of Program Results.....	15

If you have any questions regarding the USAACE and Fort Rucker Civilian Fitness Program process, please contact Lyster Army Health Clinic Preventive Medicine Department at 334-255-7930.

# Civilian Fitness Program

The Civilian Fitness Program is a one-time enrollment Department of the Army (DA) approved program in which full-time civilians employed by the Army are encouraged to engage in regular program of exercise and other positive health habits. The goal is to initiate and maintain healthy behavioral changes via pre and post assessments with the utilization of exercise, nutrition, and wellness programs available on Fort Rucker. Supervisors may approve up to 3 one-hour wellness/fitness sessions each week during normal work hours for a consecutive 6 month period.

## ***Why become a Participant?***

- Health Benefits
- Stress Management
- Positive Attitude – better overall outlook on life situations; improve mental awareness
- Decrease risk factors associated with debilitating diseases (heart disease, stroke)
- Increase Work Performance
- Less chance of illness/injury as a result of a regular exercise program
- Develop positive lifestyle behavior through participating in a regular exercise/wellness program
- Set reachable goals over a 6-month period; participants are able to compare pre and post assessments.

You must complete this entire packet to enroll/participate therefore agreeing to the terms and conditions of the Fort Rucker Policy for the Civilian Fitness Program.

**It is mandatory to receive your supervisor's approval.** Supervisors must:

- Ensure that exercise time does not interfere with mission requirements. If this occurs, exercise time will be reallocated to align with mission requirements where possible.
  - Ensure that exercising does not result in compensatory time or overtime.
  - Execute authority to terminate participation at any time if they suspect abuse. Inappropriate use of exercise time or misconduct during exercise periods will be considered a workplace infraction occurring during normal duty hours and is subject to disciplinary action.
  - Participants will incur no additional cost to the government (outside of paid duty time for exercise). Employees who wish to augment their exercise regimen with personal trainers, exercise gear, etc., may do so at their own expense.
  - Document hours utilized under this program as excused absence in ATAAPS. Leave requests must be submitted for auditing purposes. Employees will annotate "Civilian Fitness Program" in the remarks on the leave request.
- All participants must complete Supervisor/Employee Participation Form for official enrollment in the Employee Wellness & Civilian Fitness Program.
  - You are not officially enrolled in the Civilian Fitness Program until you have completed the pre-assessment and receive the Participant Enrollment Approval Form. Performing the Post Assessment is mandatory for completion of the program.

**Once complete, please bring all completed forms to your assessment session.**

## Program Schedule

6 Month Period	Pre-Assessment	Post Assessment	Assessment Location	Time
Mar 2016 – Sep 2016	17 Mar 16	15 Sep 16	Fortenberry-Colton Physical Fitness Center	0800-1400
Oct 2016 – Mar 2017	29 Sep 16	30 Mar 16	Fortenberry-Colton Physical Fitness Center	0800-1400
Apr 2017 – Sep 2017	30 Mar 16	28 Sep 17	Fortenberry-Colton Physical Fitness Center	0800-1400

### ***HOW TO ENROLL:***

1. Download the Enrollment Packet from LAHC webpage, pickup at LAHC Preventive Medicine Department or Fort Rucker Army Wellness Center and complete all required forms.
2. If you answered “**Yes**” to one or more questions on the Health History Form, the Healthcare Provider Approval Form must be filled out and signed by your healthcare provider prior to enrolling in the program. ***Provider approval form must be dated within 30 days of the start of the program.***
3. You may complete height, weight, body composition, flexibility assessment and 3-minute cardio respiratory fitness test no more than 7 days prior to your assessment; contact Fort Rucker Army Wellness Center 334-255- 3923 or Lyster Army Health Clinic Nutrition Department 334-255- 7986 for availability. ***Bring your Civilian Fitness Packet to the assessment.***
4. Meet with Supervisor to develop a workout schedule, plan for success, and obtain supervisor’s signature.
5. Complete Pre-Assessment according to schedule above and bring your Civilian Fitness Packet to your assessment. Pre and post assessments must be completed by the same department or with the same type of equipment for quality assurance.
6. Once you have completed the pre-assessment and receive the Participant Enrollment Approval Form you are ready to begin the USAACE & Fort Rucker Civilian Fitness Program!

## ***What to Do and Bring for Your Fitness Assessment***

1. Drink plenty of water (64 ounces or more) for three days before your assessment.
2. Immediately upon waking, before getting out of bed, take your pulse at the carotid artery continuously for 1 minute and record. The number of beats in one minute will constitute your resting heart rate and is necessary to calculate your exercise intensity.
3. Eat a light breakfast before coming to the assessment.
4. **DO NOT** drink caffeine the day of your testing.
5. **DO NOT** exercise at least 8 hours before your testing.
6. **DO NOT** take any stimulants (i.e. Advil, Phentermine, Red Bull, etc.).
7. **TAKE ALL** prescribed medication as directed by your healthcare provider prior to testing (i.e. Blood pressure).
8. Bring a protein bar or protein shake with you to be consumed after your body fat test.
9. Bring a good pair of running or walking shoes and proper workout clothes (t-shirt, shorts, etc.).
10. Bring a bottle of water (16 ounces).
11. Flexibility Assessment
12. Height, Weight and Body Fat Check

## ***What to expect during the assessment***

1. Check-In at Registration Table
2. Heart Rate, Blood Pressure
3. Health History Review
4. 3-minute Cardio-Respiratory Fitness Step-Test
5. Fitness Prescription/Wellness Goals
6. Check-Out at Registration Table

**Congratulations on taking the first step to getting fit and staying fit!**

## Part 1: Fitness Assessment Checklist

***ALL FORMS MUST BE COMPLETED PRIOR TO YOUR ASSESSMENT DATE***

<u>Station</u>	<u>Initials</u>	<u>Assessment Item</u>
1.	_____	Civilian Wellness Contract (To begin program)
2.	_____	Physical Activity Readiness Questionnaire
3.	_____	Physical Fitness Program Release/Waiver of Liability
4.	_____	Medical Approval by Healthcare Provider
*5.	_____	Flexibility Assessment
*6.	_____	Height, Weight and Body Fat Check
*7.	_____	3-minute Cardio-Respiratory Fitness Step-Test

\*You may complete 7 days or less prior to pre and post assessment; contact LAHC Nutrition Clinic 334-255-7986 or Fort Rucker Army Wellness Center 334-255-3923 for availability. Pre and post assessments must be completed by the same department or with the same form of equipment for quality assurance.

# Civilian Wellness Contract

I, \_\_\_\_\_ (please print) hereby

commit to 6 months, 3 hours per week, of regular exercise – that is 3, 1 hour workouts a week. I will be focused on challenging my abilities in the pursuit of elevating my physical performance and developing a better, healthier lifestyle.

I realize this contract is made with the agreement of my supervisor and may be interrupted for immediate work requirements.

I understand that it is a requirement to complete the pre-assessment and post assessment to fulfill enrollment requirements. I understand that if I fail to complete the post assessment I will not receive credit for program completion and will not be allowed to participate in the future. I have read, understand, and agree to comply with all procedures listed in the Fort Rucker Policy for the Civilian Fitness Program.

This contract is for one-time enrollment in a civilian fitness program and can only be requested again with supervisor approval. Should I fail to complete the 6-month program without submitting a withdrawal form and completing the post assessment, I cannot request to participate in it again. Additionally, if I am on annual leave status or sick leave during the 6-month period, I cannot reschedule the missed event. I am aware that I must log my activity daily using the sign in rosters located at each authorized location for accountability purposes. I understand that I must sign in and sign out of the authorized location.

The below named individual has volunteered to participate in a 6-month, 3-hour-per-week arranged physical fitness program. In order to participate, a supervisor's signature is required.

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to and approve the above individual to participate in a scheduled fitness program.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Printed Name & Phone: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Day					
Time					

Participant's preferred location: \_\_\_\_\_

## Physical Activity Readiness Questionnaire (PAR-Q)

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Organization: \_\_\_\_\_

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:

<b>YES NO</b>	Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
<b>YES NO</b>	When you do physical activity, do you feel pain in your chest?
<b>YES NO</b>	When you were not doing physical activity, have you had chest pain in the past month?
<b>YES NO</b>	Do you every lose consciousness or do you lose your balance because of dizziness?
<b>YES NO</b>	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
<b>YES NO</b>	Is a physician currently prescribing medications for your blood pressure or heart condition?
<b>YES NO</b>	Are you pregnant?
<b>YES NO</b>	Do you have insulin dependent diabetes?
<b>YES NO</b>	Are you 69 years of age or older?
<b>YES NO</b>	Do you know of any other reason you should not exercise or increase your physical activity?

\*If you answered “**YES**” to any of the above questions, it is mandatory to see your health care provider prior to participation in the Civilian Fitness Program and before you become more physically active. Tell your health care provider your intent to exercise and which questions you’re answered “**YES**.”

\*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 so that you can then answer “**YES**” to any of the above questions, seek guidance from your health care provider.

**\*\*If applicable, you must have your health care provider complete the Medical Approval by Health Care Provider form on page 5 prior to enrollment approval.**

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Physical Fitness Program Release/

## Waiver of Liability

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.

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 State of Alabama, 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.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Approval by Health Care Provider

Patient Name (print): \_\_\_\_\_ has medical approval to participate in the physical fitness component of the Civilian 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 or near the fitness facility on their installation.

If the participant is baseline blood pressure is abnormal and/or participant is restricted from performing certain exercises (i.e. 3-minute step test), please list restrictions and suitable exercises that may be substituted in the space provided below.

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

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Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Printed Name/Stamp: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*Participant: If you answered YES to any of the ten key questions on page 3, this form must be completed by your health care provider prior to beginning the program.**

# Withdrawal Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Organization: \_\_\_\_\_

I, \_\_\_\_\_ (please print) hereby withdraw from the 6 months, 3-hours-per-week, of regular exercise through the Civilian Fitness Program.

The reason for withdrawal is:

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**I am aware that I am required to complete the final assessment and brief survey within 5 days of withdrawal or I will be docked leave for the hours used to participate in the program.**

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Part 2: Fitness Assessment Checklist

Please complete the following stations during your Assessment.

<u>Station</u>	<u>Initials</u>	<u>Assessment Item</u>
1.	_____	Check-In at Registration Table
2.	_____	Heart Rate, Blood Pressure and Health History Review
3.	_____	Height, Weight and Body Fat Check
4.	_____	3 minute Cardio-Respiratory Fitness Step-Test
5.	_____	Flexibility Assessment
6.	_____	Fitness Prescription/Wellness Goals
7.	_____	Check-Out at Registration Table

# My Wellness Results

## Pre-Assessment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Assessment Location: \_\_\_\_\_

Male / Female \_\_\_\_\_ SMOKER: YES/ NO \_\_\_\_\_

Resting Heart Rate: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Body Fat %: \_\_\_\_\_ BMI: \_\_\_\_\_

Blood Pressure/ Cuff Size	B/P	HR	RESPIRATION	COMMENTS
FIRST				
SECOND				
THIRD				

3 MINUTE STEP TEST	Resting HR:	HR at 3min	FLEXIBILITY
UNASSISTED			
ASSISTED (DEVICE)?			

# My Wellness Results

## Post Assessment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Assessment Location: \_\_\_\_\_

Male / Female \_\_\_\_\_ SMOKER: YES/ NO \_\_\_\_\_

Resting Heart Rate: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Body Fat %: \_\_\_\_\_ BMI: \_\_\_\_\_

Blood Pressure/ Cuff Size	B/P	HR	RESPIRATION	COMMENTS
FIRST				
SECOND				
THIRD				

3 MINUTE STEP TEST	Resting HR:	HR at 3min	FLEXIBILITY
UNASSISTED			
ASSISTED (DEVICE)?			

## End of Program Results

	Pre-Assessment	Post Assessment	Results
<b>Smoker</b>			
<b>Height</b>			
<b>Weight</b>			
<b>Resting Heart Rate</b>			
<b>Blood Pressure</b>			
<b>Respirations</b>			
<b>Body Fat %</b>			
<b>BMI</b>			
<b>3 Min. Step Test Unassisted</b>			
<b>3 Min. Step Test Assisted</b>			
<b>Flexibility unassisted</b>			
<b>Flexibility Assisted</b>			