



# **Employee Wellness and Civilian Fitness Program**

(AR 600-63 Health Promotion)

## **WORKING FOR WELLNESS**

IMCOM  
**Enrollment**  
Packet

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(DSN) 736-3340

USAG-Yongsan

## CIVILIAN FITNESS PROGRAM

### *“Working for Wellness”*

Welcome to the Civilian Wellness 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 DA Civilians in the Employee Wellness 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 to start the program. When you are approved for the program you will receive an email from the Fitness Coordinator to schedule your initial assessment and then you will be cleared to start.

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

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*If you have any questions regarding the Civilian Fitness Program process please contact the Fitness Coordinator.*

## GUIDELINES FOR PARTICIPANTS AND SUPERVISORS

### 1. ELIGIBILITY

- a. Open to all DoD civilian employees.
- b. The program is voluntary.
- c. Participation is limited to ONLY ONCE.
- d. Registration Deadline is indicated in EMAIL.

### 2. PARTICIPANTS RESPONSIBILITIES

- a. Participants must review, complete, and sign the PAR-Q, review and sign the Waiver of Liability, review and sign the Wellness Contract.
- b. All participants who require medical clearance must provide the Physician's Approval Form or similar statement from a physician that approves the employee's participation in a fitness program. NO ONE WITH KNOWN RISK FACTORS WILL BE PERMITTED TO BEGIN THE PROGRAM WITHOUT PROVIDING AN APPROVAL FORM.
- c. Participants will specify the start and end date to his/her program in a contract with his/her supervisor.
- d. Participants will track attendance and participation using sign-in form located at Collier Field House, Trent Gym or The Point.
- e. All participants are required to attend the initial and final assessment.

### 3. SUPERVISOR'S RESPONSIBILITIES

- a. Supervisors should encourage participation in the program.
- b. Supervisors will review and initial employee's monthly attendance rosters.
- c. Supervisors will maintain records to support the participant's involvement in the program (i.e., supervisor's approval form, official registration form). Participants must be officially registered before participating in the program. It is the supervisor's responsibility to ensure the participant is officially registered by receiving the completed registration form.
- d. Consistent with mission requirements, supervisors should allow duty time for employee's participation in training and exercise. If possible, allow participants to combine their exercise hour with their lunch hour. This allows the participant ample time for "cool down" and personal hygiene.
- e. Contact the Health Promotion/Fitness Coordinator at (DSN) 736-3340 or Cell: 010-2020-6604 for questions or concerns.

### 4. PERMITTED ACTIVITIES

- a. Each civilian participant is authorized three hours of excused administrative absences per week for six months to conduct their exercise program if approved by supervisor. Unused exercise hours may not be carried forward to subsequent weeks nor can these exercise periods be used for any non-duty purpose. Exercise periods are official duty time. Misuse of this time is a workplace infraction, and would be subject to the same disciplinary actions as other similar infractions.
- b. With rare exceptions, participation should be on-post, and must include an aerobic or strength training activity.

## Frequently Asked Questions

- Q:** Why is it recommended that I take the hour before or after my lunch break? What if I like to work out in the morning or after work? Can I adjust my start or end time of work?
- A:** This is an incentive that many corporations are doing throughout the United States. Studies show that individuals who engage in physical activity are more productive at their workplace and miss less work than those that do not work out on a regular basis. Giving an employee that additional time in the middle of the day is to act as an energy boost and give them a shot of euphoria and make them just as productive in the end part of the day as in the beginning. However, final determination of employee's contract is given to the supervisor's discretion.
- Q:** I am already in the program, however, I just have not been able to find the time to take off from work because our department has been bombarded lately. Do I just lose that time?
- A:** The program policy gives the participants a one-time participation period for six months. Participants may be dropped without penalty of re-enrollment only if the Civilian Fitness Coordinator receives written verification from the Supervisor within one month of the initial fitness assessment stating that the employee did not start the program (i.e., the employee did not utilize any work time to exercise.)
- Q:** While enrolled in the program, I have become extremely ill and/or I had to take a leave of absence (does not include TDY or Accrued Leave) for emergency/family reasons. Will I lose the time and not be able to enroll in the program when I return?
- A:** If an individual is advised by their physician that they are not recommended to work out for a period of one month or longer, it is recommended that their physician write a note stating such and hand in to the Fitness Coordinator. Once received, the Civilian Fitness Coordinator will send the individual an email and cc their supervisor showing a credit of exercise time available. Once individual is well enough or returns, the contract will resume and an updated email will be sent to the individual and their supervisor with their new program start and end date.

### Return Completed Packets to:

Edward J. Motley,  
Fitness Coordinator  
BLDG 5200, Room 12 (Lobby Level)  
Collier Field House  
Cell: 010-2020-6604

## Instructions for Logging into Presidential Fitness Challenge Website:

1. Go to <http://www.presidentschallenge.org/index.shtml> in your web browser.
2. In the top right hand corner, click on the link “Register Now”
3. Click on “Create and Individual Account” under Individual & Groups Heading.
4. Fill out requested information (user name, password, etc). When using email, please use designated work email. I will be able to have the functionality to send out mass communication via that site. Once all information is entered click on “Register” which is found at the bottom of the page.
5. Once that is complete and your account is created, from the HOME screen you will be able to search for the group. This is a private group and you will therefore need to enter in the group number provided. Group Name: USAG-Yongsan Civilian Employee Wellness Group number: **100255**
6. Voila! Once you completed all of these steps you should be ready to get on your way. Please be sure to enter in all activities completed by using the ACTIVITIES tab that is found on your home screen.

Throughout the program, please keep in mind that I am always here to help you make this a successful event.

If at any time you feel you may need assistance, then by all means to not hesitate to contact me. Again, CONGRATULATIONS on taking this initiative and I look forward to working with each and every one of you.

Yours in Fitness & Good Health,

Edward J. Motley, MS, ACSM-HFS

## BACKGROUND AND RATIONALE FOR THE CIVILIAN HEALTH PROMOTION PROGRAM

In the late 1980s the Army authorized a similar program of maximum eight weeks duration, under the premise that civilian employees, like soldiers, are more productive when they are healthy and physically fit. However, there was little Army guidance or emphasis on health promotion at the time, and relatively few commanders conducted the programs.

Since then volumes of research and statistical evidence, mostly from the civilian sector, have confirmed some basic facts regarding the differences between people who have healthy lifestyles (including regular exercise) and those that do not.

- People who devote energy to becoming and remaining healthy and physically fit are more productive in their jobs--blue collar and white collar--than their peers who do not.
- They have fewer work-related accidents and injuries.
- They get sick less often, and have better work attendance records. When they do get sick, they recuperate faster and incur lower medical costs.
- They are more enthusiastic and feel better about themselves.

As a result of this mounting evidence of the value of practicing healthy lifestyles, the corporate world in the United States and other industrialized nations began evaluating the cost versus benefit of offering health and wellness programs to their employees. The conclusion was that companies that made an investment in health promotion and wellness programs for their employees not only recouped their expenditures, but also benefited from increased production, increased employee time on-the-job, and reduced costs for medical care and compensation benefits. After a few large companies tried it and irrefutably demonstrated that it worked, the rest of the corporate world was quick to follow. Now, health promotion and wellness programs are becoming the norm, not the exception, in successful corporations.

Partially in response to this success, and for the same reasons, the Army expanded its eight-week Civilian Health Promotion Program to six months. The intent was to give civilian employees a chance to improve their fitness and health on duty time, and more importantly, to create new health habits and lifestyles that would continue after the program ended.

The expanded Civilian Health Promotion Program is a part of the Army's current focus on health promotion and wellness. The focus encompasses the entire Army Community--the soldiers, their family members, and the supporting civilian workforce. From a military readiness standpoint, the direct benefits of physical fitness programs to soldiers and their commanders are self-evident: the "facts" listed as bullets above directly relate to mission accomplishment in combat. A fit and healthy soldier is more capable than one who is not.

Command concern for personal health and welfare also extends to military family members. Spouses and children need to practice healthy habits and lifestyles as much as the soldiers and civilian employees do. The Army medical community and the joint services TRICARE program are dedicating great efforts in the areas of health promotion, wellness, and preventive medicine for family members. The resources saved by reducing clinical patient visits through these preventive measures are applied elsewhere in the medical system to ensure that continued optimum medical care and treatment will always be there for outpatients and in-patients who need them.

In summary, the Civilian Health Promotion Program is a part of the Army's focus to improve the health, fitness, longevity, and quality of life of one part of the US Armed Forces.

## IMCOM Civilian Wellness Contract

I, \_\_\_\_\_ (please print) hereby commit to 6 months, 3 hours per week, of regular exercise-that is 3 workouts a week. I will be focused on challenging my abilities in the pursuit of elevating my physical performance.

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

This contract is for one-time enrollment in a civilian fitness program and cannot be requested a second time. Should I fail to complete the 6 month program, I cannot request to participate in it again. Additionally, if I am on 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 President's Challenge for Physical Fitness Website, <http://www.presidentschallenge.org/index.shtml>

The below named individual has volunteered to participate in a one-time only, 6 Month, 3 hour per week arranged physical fitness program under the supervision of the IMCOM Wellness Program Office. The program will consist of warm-up exercises, walking groups, strengthening exercises and limited weight training exercises. In order to participate, a supervisor's signature is required.

Program Start Date: \_\_\_\_\_ **THRU** Program End Date: \_\_\_\_\_

Email: \_\_\_\_\_ Work Location: \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I agree to and approve the participation in a scheduled fitness program.

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

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

## Physical Activity Readiness Questionnaire (PAR-Q)

Name \_\_\_\_\_

Phone \_\_\_\_\_

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:

(Circle Yes or No)

<b>YES</b>	<b>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</b>	<b>NO</b>	When you do physical activity, do you feel pain in your chest?
<b>YES</b>	<b>NO</b>	When you were not doing physical activity, have you had chest pain in the past month?
<b>YES</b>	<b>NO</b>	Do you ever lose consciousness or do you lose your balance because of dizziness?
<b>YES</b>	<b>NO</b>	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
<b>YES</b>	<b>NO</b>	Is a physician currently prescribing medications for your blood pressure or heart condition?
<b>YES</b>	<b>NO</b>	Are you pregnant?
<b>YES</b>	<b>NO</b>	Do you have insulin dependent diabetes?
<b>YES</b>	<b>NO</b>	Are you 69 years of age or older?
<b>YES</b>	<b>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, your medical provider needs to complete MEDICAL CLEARANCE FORM.

If your health changes so that you can then answer 'yes' to any of the above questions, seek guidance from a physician and advise Fitness Coordinator of circumstances.

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

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



## WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK

*Please read carefully before signing.*

I have been informed, understand, and am aware that activities such as, but not limited to running, jumping, and other fitness and movement activities, cardiovascular, flexibility and/or muscular strength and endurance exercises are potentially hazardous activities. I also have been informed, understand, and am aware that fitness and movement activities involve a risk of injury; including the risk of death or serious disability, and that I am participating in these activities with full knowledge, understanding, and appreciation of the risks involved. I hereby agree to expressly assume and accept any and all risks of injury, illness, death, and/or related situations. \_\_\_\_\_ (Initial)

In consideration of being allowed to participate in fitness training and activities provided by USAG-Yongsan, Department of Defense, US Army, related facilities, equipment, and services, the undersigned acknowledges, appreciates, and agrees that:

- The risk of serious injury, including but not limited to permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment and personal discipline may reduce the risk; and
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence or omission of USAG-Yongsan, Department of Defense, US Army, and their officers, agents, employees, contractors, and volunteers or others, and assume full responsibility for my participation; and
- I willingly agree to comply with the stated and customary terms and conditions of participation. If I observe any unusual significant hazard during my presence or participation, I will remove the hazard, if possible, discontinue my participation, and bring such to the attention of the USAG-Yongsan Health & Fitness Director.

\_\_\_\_\_ (Initial)

I, for myself, my heirs, assigns, personal representatives, and next of kin, do hereby forever waive, release, discharge, and hold harmless USAG-Yongsan, Department of Defense, US Army, and their officers, agents, employees, contractors, and volunteers from any and all claims or liabilities for injuries, disability, death, or loss or damage to person or property, whether arising from the negligence or omission of USAG-Yongsan, Department of Defense, US Army, or their officers, agents, employees, contractors, and/or volunteers. \_\_\_\_\_ (Initial)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent me from safe participation in health, fitness, or movement activities. In entering into this Agreement with the aforementioned parties, the undersigned acknowledges that this affirmative statement is a material consideration of participation in fitness programs. \_\_\_\_\_ (Initial)

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGNIFICANCE, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ACKNOWLEDGE, BEING AWARE OF MY OWN HEALTH AND PHYSICAL CONDITION, AND HAVING KNOWLEDGE THAT MY PARTICIPATION IN THIS HEALTH AND FITNESS PROGRAM MAY BE INJURIOUS OR HAZARDOUS TO MY HEALTH AND OR WELL BEING, THAT MY PARTICIPATION IN THIS FITNESS PROGRAM IS VOLUNTARY AND WITH FULL UNDERSTANDING, ACCEPTANCE, AND ASSUMPTION OF ALL RISKS INVOLVED.

**This form is an important legal document that explains the risks you are assuming by taking part in exercise and movement activities. It is critical that you have read and understand this document completely.**

NAME (Printed)

SIGNED

DATE

### Medical Clearance Form

Dear Physician,

Your patient, \_\_\_\_\_, wishes to engage in an exercise program and/or fitness assessment at AREA II USAG-YONGSAN Health & Fitness. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program that will increase in duration and intensity over time. The fitness assessment may include a submaximal cardiovascular fitness test and measurements of body composition, flexibility, and muscular endurance.

After completing a readiness questionnaire and discussing their medical conditions we agreed to seek your advice in setting limitations to their program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

### Patient's Consent and Authorization

I consent to and authorize \_\_\_\_\_ to release to Edward J. Motley, Fitness Coordinator (DSN) 736-3340, health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### Physician's Clearance

Please check one and explain if necessary:

<input type="checkbox"/>	I am not aware of any contraindications toward participation in a fitness program, and hereby release the individual for physical activity.
<input type="checkbox"/>	I consent to my clients wishes to engage in a fitness program with recommendations/restrictions. <i>(Please Indicate Below)</i>
<input type="checkbox"/>	I <b>DO NOT</b> consent in my clients wishes to engage in a fitness program for this reason:  

### Recommendations/Restrictions:

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\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Location

\_\_\_\_\_  
Office Phone

### Physical Fitness Assessment Sheet

Conducted by: \_\_\_\_\_

Patient Information: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

LAST

FIRST

AGE

MEASUREMENT	INITIAL MEASURE	POST MEASURE	DESIRABLE LIMIT
Height (inches)			
Weight (lbs)			
BMI			18.5-24.9 is normal*
Body Fat %			
Waist-to-Hip Ratio			M: < 0.95 F: < 0.86
Resting Heart Rate (bpm)			70bpm is avg
Resting Blood Pressure (mmHg)	/	/	<130/85 is normal
Total Cholesterol (mg/dL)			<200 is desirable**
Blood Glucose (mg/dL)			<100 is normal**
FITNESS ASSESSMENT			DEFINITION
<b>3 min Cardio-Step Test</b>			<i>Assesses cardiorespiratory fitness level</i>
PULSE			
FITNESS CATEGORY			
<b>1 min Curl-up/Crunch Test</b>			<i>Assesses core strength</i>
COMPLETED			
FITNESS CATEGORY			
<b>Push-up Test</b>			<i>Assesses muscular endurance and upper body strength</i>
COMPLETED			
FITNESS CATEGORY			
<b>Sit-and-Reach Test</b>			<i>Assesses trunk flexion</i>
INCHES			
FITNESS CATEGORY			
<i>*not recommended for athletic population</i>			<i>**test optional at clients discretion</i>

## Body Composition and Measurements

### PRE-ASSESSMENT

#### SKINFOLD MEASUREMENT

MEN				WOMEN			
Chest:		Current Weight:		Ilium:		Current Weight:	
Thigh:		Fat Weight:		Tricep:		Fat Weight:	
Abs:		Lean Body Wt		Thigh:		Lean Body Wt	
Total:		Ideal Body Wt		Total:		Ideal Body Wt	
BF%		Ideal BF%		BF%		Ideal BF%	

Pounds to Goal: \_\_\_\_\_

Pounds to Goal: \_\_\_\_\_

#### CIRCUMFERENCE MEASUREMENTS

Left Forearm:		Right Forearm:	
Left Bicep:		Right Bicep:	
Chest:		Shoulders:	
Waist:		Hips:	
Left Thigh:		Right Thigh:	
Left Calf:		Right Calf:	
Abdomen:		Waist/Hip Ratio:	

## Body Composition and Measurements

### POST ASSESSMENT

#### SKINFOLD MEASUREMENT

MEN				WOMEN			
Chest:		Current Weight:		Ilium:		Current Weight:	
Thigh:		Fat Weight:		Tricep:		Fat Weight:	
Abs:		Lean Body Wt		Thigh:		Lean Body Wt	
Total:		Ideal Body Wt		Total:		Ideal Body Wt	
BF%		Ideal BF%		BF%		Ideal BF%	

Pounds to Goal: \_\_\_\_\_

Pounds to Goal: \_\_\_\_\_

#### CIRCUMFERENCE MEASUREMENTS

Left Forearm:		Right Forearm:	
Left Bicep:		Right Bicep:	
Chest:		Shoulders:	
Waist:		Hips:	
Left Thigh:		Right Thigh:	
Left Calf:		Right Calf:	
Abdomen:		Waist/Hip Ratio:	

**USAG-Yongsan Civilian Employee Wellness Program  
"Working for Wellness"  
Participant Check-In Log**

**Name:**

**Department:**

<b>Hour</b>	<b>Date</b>	<b>Facility</b>	<b>Staff Signature</b>
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Name:		Department:	
Hour	Date	Facility	Staff Signature
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