



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
NORTHEAST REGION
HEADQUARTERS, U.S. ARMY GARRISON, FORT A.P. HILL
18436 4TH STREET
FORT A.P. HILL, VIRGINIA 22427-3114

REPLY TO
ATTENTION OF

IMNE-APH-ZA

14 April 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Civilian Fitness Program – Policy Memorandum #20

1. Applicability. This policy applies to all full-time and part-time civilian personnel assigned to USAG Fort A.P. Hill except employees already engaged in a formal physical exercise program as a requirement of their occupation (firefighter, etc). This policy does not apply to contractors.

2. Proponent. Directorate of Family and Morale, Welfare and Recreation (DFMWR).

3. References.

a. AR 600-63, Army Health Promotion.

b. Personnel Management Information and Support System (PERMISS) Employee Wellness Program, <http://cpol.army.mil/library/permis/593.html>.

4. Policy. Army Civilian employees are encouraged to engage in a regular program of exercise and in other positive health habits. As such, the Garrison Commander authorizes up to three (3) hours of administrative leave per week for a period of six-months in order to allow employees to participate in command-sponsored physical exercise training and education programs. This program and the authorized times for command-sponsored physical exercise training and education programs may be adjusted or curtailed based on the mission and need of Fort A.P. Hill.

a. Participation requires the Employee and chain of command to enter a written agreement (encl 1), completion of a Physical Activity Readiness Questionnaire (encl 2), and a current medical clearance from a licensed medical doctor (encl 3).

(1) Three (3) copies of the Employee/Supervisor Agreement will be made (1 – Employee; 1 – Supervisor and 1 – DFMWR Chief of Recreation).

(2) Two (2) copies of the medical clearance form will be made (1- Employee and 1 – Supervisor).

(3) Two (2) copies of the Physical Activity Readiness Questionnaire will be made (1 – Employee and 1 – Supervisor).

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b. Participating employees will document program time in the Automated Time Attendance and Production System (ATAAPS) or using code LN for paid administrative leave (or equivalent time code using applicable non-ATAAPS time and attendance procedures).

c. Program participants will be assigned a Fitness Operation Barcode (FOB) card, available at the CAC. The FOB card must be used by the participant to scan in and out before and after workout sessions at the CAC. Wilcox Gym users must sign in and out on the posted sheet located at each door. The information collected from the FOB cards/sign in sheets assist with Common Levels of Support (CLS) numbers and future funding to the fitness centers. Those participants utilizing the running/walking track located at Beaverdam Picnic Area will need to coordinate arrangements with their supervisor. Supervisors will need to track employees using the running/walking track.

d. Participants may be removed from the program prior to the end of their enrollment period for engaging in misconduct during these periods, failure to use exercise time appropriately and failure to adhere to proper procedures and safety practices.

e. Participants may take one-hour of administrative leave three times per week to participate in approved activities on Fort A.P. Hill. These one-hour increments may be taken at the end of the duty day, at the beginning of the duty day, or added to the approved 30-minute lunch period to enable a 90-minute, mid-day workout block. Employees may not adjust lunch periods to take 90-minutes at the beginning or end of the duty day.

f. A pre- and post- participant evaluation will be required consisting of a resting heart rate, weight, and personal goals available at the Community Activities Center.

g. Participation in this program is authorized one-time only for a period of six months. Employees will not be granted paid administrative leave for a similar purpose if they have participated in this program.

h. A list of authorized activities are as follows:

- (1) Walking (Beaverdam track or FAPH Fun Run/Walk);
- (2) Jogging (Beaverdam track, FAPH Fun Run/Walk or a FAPH Run Group);
- (3) DFMWR cardio equipment (CAC or Wilcox Gym);
- (4) DFMWR weight lifting equipment (CAC or Wilcox Gym);
- (5) DFMWR open gym (basketball, racquetball, or volleyball);
- (6) CAC Fitness Classes and Friday Educational/Nutritional Workshop Classes;
- (7) CAC Wii Fit.

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5. Injury Prevention. Accidental and overuse injuries to the musculoskeletal system are the single leading cause of lost workdays and physical profiles in the Army and as such, have a significant impact on the readiness of Fort A.P. Hill. All participants in this program will practice personal risk management and mitigation to reduce the occurrence of preventable injuries. Safety practices that will be followed include (but are not limited to) proper warm-up and cool-down exercises and using equipment in a manner consistent with posted instructions or DFMWR policies. Participants in this program who do not adhere to proper procedures or engage in unsafe practices will be removed from the program.

6. Point of Contact. DFMWR Recreation Chief at (804) 633-8219.

3 Encls

1. Employee/Supervisor Agreement
2. Physical Activity Readiness Questionnaire
3. Medical Clearance

JOHN W. HAEFNER
LTC, EN
Commanding

Employee/Supervisor Agreement

(Used ICW the Garrison Commander's Civilian Fitness Program – Policy Memorandum #20)

Employee: _____ Directorate/Office: _____

Duty Phone #: _____ AKO Email: _____@us.army.mil

I _____ (*employee*) understand that full participation in the Civilian Fitness and Health Program requires three one-hour sessions each week over the course of six months unless illness or injury dictates otherwise. I understand the exercise periods are either one-hour of official time at the beginning of the duty day, one-hour of official time at the end of the duty day, or one-hour of official time taken adjacent to (before or after) my 30-minute lunch period (totaling 90-minutes). I understand that I may not adjust my lunch period to take 90-minutes at the beginning or end of the duty day. I understand that participation in the approved activities will be my place of duty. Failure to use exercise time appropriately, or misconduct during these periods, will be considered workplace infractions subject to disenrollment from the program and potential disciplinary action. I understand that program and times may be adjusted or curtailed based on the mission and need of Fort A.P. Hill. I agree to practice personal risk management and mitigation to reduce the occurrence of preventable injuries. I also agree to proper warm-up and cool-down exercises and equipment use in a manner consistent with instructions or DFMWR policies. I have received medical clearance from my doctor to participate in this program and have provided a copy to my supervisor as part of this agreement. I understand that this program is authorized one-time only for a period of six months. I have not previously participated in this program while assigned to USAG Fort A.P. Hill.

Start Date: _____ End Date (6-months): _____

Place of Duty: _____

Time (initial one): (_____ Start of Duty Day) (_____ Lunch Time) (_____ End of Duty Day)

EMPLOYEE/
PARTICIPANT _____ / _____
Signature (Employee) *Date*

Immediate Supervisor: _____ Directorate/Office: _____

Duty Phone #: _____ AKO Email: _____@us.army.mil

I (*supervisor*) understand that the employee will be participating in the Civilian Fitness and Health Program. I understand that the activity location will be the place of duty for the above-mentioned individual. I agree to allow the employee to participate in this program in a paid administrative leave status during working hours. I understand the exercise periods are either one-hour of official time at the beginning of the duty day, one-hour of official time at the end of the duty day, or one-hour of official time taken adjacent to (before or after) the employee's 30-minute lunch period (totaling 90-minutes). Failure to use exercise time appropriately, or engaging in misconduct during these periods, will be considered workplace infractions subject the employee to disenrollment from the program and potential disciplinary action. I understand that program and times may be adjusted or curtailed based on the mission and need of Fort A.P. Hill. I have been provided a completed copy of the employee's medical clearance form and have counseled the employee and the DFMWR recreation Chief on any restrictions or limitations identified by the employee's doctor.

APPROVE/
DISAPPROVE _____ / _____
Signature (Immediate Supervisor) *Date*

APPROVE/
DISAPPROVE _____ / _____
Signature (Director/Chief) (N/A if same as Immediate Supervisor) *Date*

Physical Activity Readiness Questionnaire

(Used ICW the Garrison Commander's Civilian Fitness Program – Policy Memorandum #20)

For most people, physical activity should not pose any problem or hazard. This questionnaire has been designed to identify adults for whom physical activity might be inappropriate. Common sense is your best guide in answering these few questions. Please read them carefully and answer **YES** or **NO** to each question as it applies to you.

Note: The Garrison Commander's Civilian Fitness Program requires signed medical clearance from your doctor prior to beginning the program regardless of your answers below. The purpose of this questionnaire is to give you an idea of specifics you may want to discuss with your supervisor or doctor.

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- _____ I have a heart condition and my doctor recommends only medically supervised physical activity.
- _____ During or right after exercise, I have pains or pressure in my neck, left shoulder, or arm.
- _____ I have developed chest pain within the last month.
- _____ I tend to lose consciousness or fall over due to dizziness.
- _____ I feel extremely breathless after mild exertion.
- _____ My doctor recommended that I take medicine for high blood pressure or a heart condition.
- _____ I have bone/joint problems that limit my ability to do moderate-intensity physical activity.
- _____ There's another reason not mentioned here why I should not follow a physical activity program.
-

Employee (print): _____ Directorate/Office: _____

Duty Phone #: _____ AKO Email: _____@us.army.mil

_____/_____
Employee signature *Date*

First-line Supervisor (print): _____

_____/_____
Supervisor signature *Date*

Medical Clearance Form

(Used ICW the Garrison Commander's Civilian Fitness Program – Policy Memorandum #20)

Dear Doctor,

Your patient _____ wishes to take part in an exercise program at USAG Fort A.P. Hill, VA. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program that will increase in duration and intensity over time. After completing a readiness questionnaire and discussing their medical condition, 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 USAG Fort A.P. Hill, VA health information concerning my ability to participate in an exercise program. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains. I understand this consent is revocable except to the extent action has been taken. I understand that I must begin participation in the Commander's Civilian Fitness Program within 30-days of my physician's signature below for this form to be considered valid.

Employee's signature

Date

Physician's Recommendations. Please check one and explain if necessary:

____ I am not aware of any contraindications toward participation in a fitness program and I believe the applicant can participate in the program.

____ I believe the applicant can participate, provided that the applicant not engage in the following activities (below).

____ I recommend the applicant **not** participate in the above fitness program.

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers heart rate response).

Recommendations or restrictions: _____

My patient, _____ has my approval to begin an exercise program with the above recommendations/restrictions.

Physician's signature

Date

Physician's name (print)

Phone

Address City State/Zip