



DEPARTMENT OF THE ARMY
HEADQUARTERS UNITED STATES ARMY SIGNAL CENTER OF EXCELLENCE
AND FORT GORDON
506 CHAMBERLAIN AVENUE
FORT GORDON, GEORGIA 30905-5735

REPLY TO
ATTENTION OF

ATZH-DC

9 May 2012

MEMORANDUM FOR US Army Signal Center of Excellence Personnel

SUBJECT: Civilian Health and Wellness Standard Operating Procedure

1. References

a. Memorandum, HQ, TRADOC, ATBO, 2 April 2012, subject: TRADOC Policy Letter 20, Civilian Health and Resiliency.

b. Health Promotion Department of Defense (DoD) No. 10101, 10 March 1997.

c. Army Regulation 600-63, Army Health Promotion, 7 September 2010.

2. I fully support participation in the Civilian Health and Wellness Program by all eligible Signal Center of Excellence civilian employees. You may participate in a self paced wellness program or you may contact the Dwight D. Eisenhower Army Medical Center (DDEAMC) Civilian Wellness Center, to join their health program.

3. The program optimizes organizational readiness and work performance. AR 600-63, Army Health Promotion, encourages civilians employed by the Army to engage in a regular program of exercise and other positive health habits. Commanders and supervisors may approve and allow up to three - one hour excused absences per week for a full-time employee, up to six months duration for these activities. This is a voluntary program by the employee and should be utilized as mission and schedule allows.

4. Responsibilities and accountability.

a. The primary responsibility of accountability falls on the supervisor and the participant. Employees are encouraged to use the facilities and services available on the installation. The employee is responsible for coordinating dates, times and specific locations for their activity with his or her supervisor. Participants may not conduct these activities at home as a part of the program. Violations of this program will be handled in the same manner as a workplace infraction and will terminate the individual's participation in the program.

b. Supervisors.

(1) Support and encourage the program.

(2) If the employee chooses to participate in the Signal Center program, sign the enclosed contracts which provide clearance to participate in this worthwhile program. The signed

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contracts also release the Signal Center from any liability should an injury occur during the participation of this program. Because of the nature of this program, I again encourage each participant to be aware of their health posture and to exercise at the appropriate level.

(3) Maintain accountability of employees participating in the Civilian Fitness and Wellness program.

(4) Assist employee with completion of required forms as necessary.

(5) Maintain all completed contracts in your area for the duration of the program.

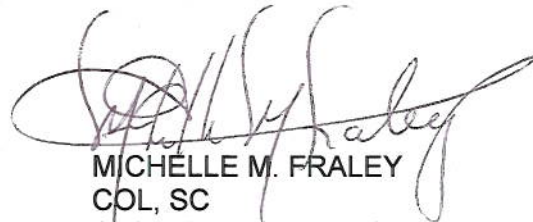
c. Participants.

(1) Make a commitment to the program. Actively seek health education by participating in classes offered and taking the Health and Wellness Program seriously.

(2) Fill out all forms and if participating in the DDEAMC Civilian Wellness Center's program attend the initial and post-assessments as required. For further information on DDEAMC's Wellness Center program call (706) 787- 6756

5. This program is often the first step in providing our civilian employees the opportunity to increase their health and quality of life. If you are just starting a health and wellness program, take it slow and don't be discouraged! Remember, it will take time for your body and mind to adjust to a life style change. My intent regarding this policy letter is to encourage all personnel to take time and keep up the good work by challenging yourself every day.

6. The proponent for this policy is the Signal Center of Excellence G-1, at (706) 791-8162.



MICHELLE M. FRALEY
COL, SC
Acting Deputy to the Commanding General

Encl
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This Memorandum supersedes the Acting Deputy to the Commanding General's Memorandum Civilian Health and Wellness Standard Operating Procedure, dated 31 January 2012.



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CIVILIAN HEALTH WELLNESS PROGRAM (CHWP) MEDICAL CLEARANCE FORM

(SELF CERTIFICATION)

Participant Name _____ **Phone** _____

The above named individual certifies they are cleared to participate in the CHWP. This program may include mild to moderate intense aerobic exercise, brisk walking, and/or resistance weight training. Clinical care services to include blood pressure monitoring and other medical management will be not offered during fitness activities. Medical emergencies will be managed through use of the local Emergency Medical System.

_____ I hereby attest that I am in good physical condition and do not suffer from any disability/medical condition that would prevent or limit participation in the above mentioned exercise program. (Please initial).

Date _____

Signature of Participant: _____



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CIVILIAN HEALTH WELLNESS PROGRAM (CHWP)
PARTICIPANT AND SUPERVISOR COMMITMENT CONTRACT

PARTICIPANT

I, _____, understand there are inherent risks involved in my participation in this or any exercise program. I understand that there will be no additional staff supervision or special accommodation to address any disabilities and/or underlying medical conditions. It is my responsibility to follow-up with my personal physician for all my health care needs. My participation in this program is voluntary and I have full knowledge of the risks involved. My heirs and my estate release the Signal Center from any liability for injury, death or loss suffered during my participation in this or any related exercise program. I understand that my place of duty for these periods will be at a location where I will be engaged in some form of physical activity.

Participant Signature _____ Date: _____

(Print Name)

SUPERVISOR:

I, _____, have read the SOP for the CHWP and agree with all of the information and conditions outlined in this SOP. I fully support and encourage my employee to participate in the CHWP.

Supervisor Signature _____ Date: _____

(Print Name and Title)