

PPPT Enrollment Form

Participant Enrollment Questionnaire 1- Soldier fills out during enrollment in the PPPT Program. Please circle or check your response or fill in the blank.

1. Soldier ID #: _____
(Soldier first and last initials followed by date of birth and year, i.e. LY1081)

2. Today's date (mm/dd/yyyy): _____

3. Your age = _____

4. What is your due date (mm/dd/yyyy)? _____

5. Unit /phone number: _____

6. Are you currently on a profile for something other than pregnancy? Yes No
If **yes**, is the profile Permanent or Temporary? Permanent Temporary

This profile prevents you from participating in which of the following: (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> a. Run | <input type="checkbox"/> e. Swimming |
| <input type="checkbox"/> b. Walk | <input type="checkbox"/> f. Push-ups |
| <input type="checkbox"/> c. Resistance training | <input type="checkbox"/> g. Abdominal exercises |
| <input type="checkbox"/> d. Aerobics | |

7. How would you rate your overall stress level today? (no stress) (very high stress)
1 2 3 4 5 6 7 8 9 10

8. How would you rate your overall fitness level today? (not very fit) (very fit)
1 2 3 4 5 6 7 8 9 10

9. Last APFT score **before** you became pregnant:

Total score: _____

Number of sit-ups: _____

Number of push-ups: _____

Run time (min:sec): _____

APFT pass or fail? Pass Fail

Date of this APFT test (mm/yyyy): _____

10. Weight (pre-pregnancy): _____

Taped? Yes No

Height: _____

AR600-9 pass or fail? Pass Fail

PROGRAM PARTICIPATION AGREEMENT MEMORANDUM

OFFICE SYMBOL

DATE

MEMORANDUM FOR Pregnancy/Postpartum Physical Training Instructor Trainer

SUBJECT: Pregnancy/Postpartum Physical Training Program (PPPT)

1. Request the following soldier be enrolled in the PPPT Program.
2. The following information is provided:
 - a. _____
Soldier's rank/full name/SSN.
 - b. _____
Soldier's unit
 - c. _____

Name; telephone number, and e-mail address of soldier's unit.
 - d. _____
Unit point of contact and telephone number.
 - e. _____
Emergency contact name and phone number
5. Soldier will participate in the Pregnancy /Postpartum Physical Training Program until 138 days after termination. During unit physical training this will be considered their place of duty. Copies of the soldier's pregnancy profile with gestational age and estimated due date, pre-pregnancy APFT scorecard, and Body Fat Content Worksheet (if applicable) are attached.

Encl.

Physical Profile (DA Form 3349)
Army Physical Fitness Scorecard (DA Fm 705)
Body Fat Content Worksheet (DA Fm 5501-R)

UNIT COMMANDER'S
SIGNATURE
and SIGNATURE BLOCK
(or designated representative)

PPPT Soldier Contract

Your commander has authorized all pregnant Soldiers to participate in the USAG Grafenwoehr Pregnancy / Postpartum Physical Training Program. PT will occur Monday, Tuesday, Wednesday, and Friday from 0615-0730 with formation taking place at the Grafenwoehr Physical Fitness Center. Your attendance is required. Remember to workout at your own pace.

Every participating Soldier will be present for the educational portion of the program held each Thursday from 0730-0830 in the upstairs conference room of Building 539, Grafenwoehr Main Post.

Postpartum Soldiers will take a monthly diagnostic APFT, to be conducted by unit.

For more questions contact the Health Promotion Coordinator: Tracy Svalina, 475-8433.

Soldier Contract:

1. I will be responsible for notifying the Exercise Leader (EL) of any appointments, leaves, TDY's or duty obligations prior to the day.
2. If I am absent for PT without prior notification I will notify the PPPT Program Administrative Assistant by close of business that day.
3. If I am having difficulties attending PPPT due to outside issues I will discuss these problems with the EL.
4. I understand that once enrolled in the program it is considered my place of duty and I'm accountable to my unit for attendance.
5. I understand that if I miss any classes or PT sessions without notification to the EL an email will be sent to the unit First Sergeant and I may be subject to administrative action. If my profile changes I will provide an updated copy to the Health Promotion Coordinator.
6. If at any time I am not feeling well, begin cramping or having unusual discharge I will notify the EL.

I have read and understand the above directions:

Signature of Soldier: _____ Date: _____

Pregnancy / Postpartum Enrollment Checklist

Please ensure that all of the following documentation is completed before submitting your PPPT enrollment packet. Turn packet into Health Promotion Coordinator, Tracy Svalina, Building 539 room 224, phone DSN 475-8433.

- _____ Program Participation Agreement Memorandum
- _____ PPPT Enrollment Form
- _____ Soldier Contract
- _____ Physical Profile (DA Form 3349)
- _____ Army Physical Fitness Scorecard (DA Form 705)
- _____ Body Fat Content Worksheet (if applicable) (DA Form 5501-R)