



Employee Wellness and Civilian Fitness Program

(AR 600-63 Health Promotion)

Enrollment Packet

Wellness Program Coordinator:

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CIVILIAN FITNESS PROGRAM

USAG Fort Hood, Texas

Welcome to the USAG Fort Hood 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 Civilian Wellness Program. It is important to note that you will not be enrolled in the program unless all paperwork is complete, you have received medical approval to start the program (if necessary) and you have provided the Workforce Development Office with the required data. When you are approved for the program you will receive an Enrollment Approval form.

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

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If you have any questions regarding the Civilian Fitness Program process please contact the Garrison Wellness Coordinator listed above.

Employee Wellness & Civilian Fitness Program



- 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.
- Supervisors may approve up to 3 one-hour wellness/fitness sessions each week during normal work hours for a consecutive 6 month period of time.
- This program is a **one-time enrollment opportunity**.
- **Goal:** to initiate and maintain healthy behavioral changes via pre and post assessments and utilization of exercise, nutrition, and wellness programs available on Fort Hood.
- Supervisor's approval and support is necessary for official enrollment.

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 goals and realize them over 6-month period; participants are able to compare pre and post assessments.

Employee Wellness & Civilian Fitness Program

- All participants must complete Supervisor/Employee Participation Form and provide supervisor's and second level approval/signature for official enrollment in the Employee Wellness & Civilian Fitness Program.
- You are not officially enrolled in the Employee Wellness & Civilian Fitness Program until you have completed the pre-assessment and receive the Participant Enrollment Approval Form. Conducting the Post Assessments is mandatory for completion of the program.

Program Schedule

Enrollment	6 Month Period	Pre Assessment	Post Assessment	Assessment Location
8-19 Apr 2013	May 2013 – Oct 2013	1-2 May 2013	5-6 Nov 2013	SDC, Bldg# 33009 Room# C212
7-18 Oct 2013	Nov 2013 – Apr 2014	5-6 Nov 2013	6-7 May 2014	SDC, Bldg# 33009 Room# C212
7-18 Apr 2014	May 2014 – Oct 2014	6-7 May 2014	4-5 Nov 2014	SDC, Bldg# 33009 Room# C212
6-17 Oct 2014	Nov 2014 – Apr 2015	4-5 Nov 2014	5-6 May 2015	SDC, Bldg# 33009 Room# C212

HOW TO ENROLL:

1. Download the Enrollment Packet.
2. Complete all required forms.
3. If you answered "Yes" to one or more questions on the Health History Form, please use the Healthcare Provider Approval Form to obtain medical approval from your provider prior to enrolling in the program. **Must be dated within 30 days of the start of the program.**
4. Obtain Supervisor's signature and second-level approval signature.
5. Meet with Supervisor to develop a plan for success, including workout schedule.
6. Forward packet to your Command Wellness/Civilian Fitness Coordinator:
 - **Garrison Employees:** (254)287-0516, email: michael.berry7.civ@mail.mil
 - **MEDCEN Employees:** (254)286-7215, email: carolyn.s.williams@amedd.army.mil
 - **All other tenant Organizations:** Please contact your Command or DHR, Workforce Development for additional information: Phone: (254) 287-6091 email: usarmy.hood.usag.mbx.dhr-wfd@mail.mil.
7. Receive confirmation of enrollment and Pre-Assessment date.
8. Complete Pre-Assessment according to schedule above.
9. Once you have completed the pre-assessment and receive the Participant Enrollment Approval Form you are ready to begin the Employee Wellness & Civilian Fitness Program!

USAG Fort Hood Civilian Wellness Contract

1. I, _____ (please print) hereby commit to 1 hour, 3x per week, for 6 months, of wellness. I will be focused on challenging my abilities in the pursuit of improved physical, mental, social, family and spiritual performance.

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

2. I also understand and agree that:

- I have the opportunity to dis-enroll within 1 month from the official start date and keep the eligibility to enroll (*one more time*) at a later time.
- Exercise sessions will start and finish on Fort Hood.
- Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor.
- Unused exercise hours may not be carried forward to subsequent weeks.
- The program end date will not be extended to make up for exercise periods missed due to leave, temporary duty, or other reasons.
- No additional duty time is authorized, as part of this Program, for pre-exercise preparation (e.g., changing clothes) prior to exercise periods, or for personal hygiene or “cooling down” following exercise periods.
- Specified exercise periods may not be used for any non-duty purpose. Any period or portion not used in actual fitness training and wellness classes will be spent in the normal duty workplace accomplishing normal duties.
- Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.
- Failure to complete the post assessment may result in an “Incomplete” notification to be forwarded to your supervisor. Supervisors may request that the time granted for the program as “Administrative Leave” be replaced as “Annual Leave or LWOP”.

3. As a participant, I, the employee, will sign in and out from exercising at the gym and/or with my supervisor. I understand that I **must** complete the pre- and post- assessment in order to complete the program. My supervisor and I understand that I am not authorized to start the Employee Wellness & Civilian Fitness Program until I receive my Participant Enrollment Approval Form stating that I have met all requirements to begin the program.

UNCLASSIFIED//FOUO

This contract is for enrollment in the Civilian Wellness program that is available specifically to the Fort Hood USAG Civilian employees and other supporting tenant organizations. I understand that if I am on leave status, sick leave, or TDY during the 6 month period I cannot reschedule the missed event and will not be able to extend my enrollment. I am aware that I MUST utilize the ATAAPS code provided to me for accountability purposes.

The below named individual has volunteered to participate in a 6 Month, 3 hour per week wellness program under the guidance of the USAG Wellness Program Office. The program may consist of exercise, walking groups, strengthening exercises; limited weight training exercises, other activities designed to improve individual wellness levels, as well as individually directed fitness activities. In order to participate, a supervisor's signature is required.

Participant Name (Please Print): _____

Participants Signature: _____ Date: _____

I agree to and approve the participation in a scheduled fitness program.

Supervisor's Signature: _____ Date: _____

ISD/ISO Signature: _____ Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Day					
Time					

Personal Readiness Assessment

Below are items that you should consider BEFORE beginning an exercise program.

Your physical activity readiness is a first step when planning to increase physical activity levels in your life and is for your personal use only.

Although these serve as a basic guideline, should you have any questions you should consult a physician BEFORE beginning an exercise program:

Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
When you do physical activity, do you feel pain in your chest?
When you were not doing physical activity, have you had chest pain in the past month?
Do you ever lose consciousness or do you lose your balance because of dizziness?
Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Is a physician currently prescribing medications for your blood pressure or heart condition?
Are you pregnant?
Do you have insulin dependent diabetes?
Are you 69 years of age or older?
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, talk with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you 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**.

If your health should change so that you can then answer 'YES' to any of the above questions, seek guidance from a physician immediately.

MEDICAL APPROVAL BY HEALTH CARE PROVIDER

Patient Name (print): _____ Phone: _____

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 restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

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

Health Care Provider's Signature: _____ Date _____

Provider's Print Name/Stamp: _____

Office telephone number: _____

Email Address: _____

Participant: If you answered "YES" to any of the ten key questions on page 4, this form must be completed by your healthcare provider prior to beginning the program.

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 applicable State, 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: _____

What to Bring and Do for Your Fitness Assessment

- 1) Drink plenty of water (64 ounces or more) daily for three days before your assessment.
- 2) Eat a light breakfast before coming to the assessment.
- 3) Do not drink caffeine or exercise at least 8 hours before your testing.
- 4) Arrive on scheduled pre-assessment date within the timelines given.
- 5) Bring a pair of exercise shoes and proper workout clothes (t-shirt, shorts, etc.).
- 6) Bring a bottle of water.
- 7) Last, but not least, bring a good attitude and have fun!

Order of Events

- 1) Review of forms
- 2) Resting heart rate, blood pressure testing, health history review
- 3) Height, weight, body mass index (BMI)
- 4) 3 minute step test
- 5) Flexibility test
- 6) Check Out. You will receive your Participant Enrollment Approval Form. If approved you are ready to start the Employee Wellness and Civilian Fitness Program.

OPTIONAL

Employee Wellness & Civilian Fitness Program Tracking Log

Directorate: _____
 Employee Name: _____
 Supervisor Name: _____
 Beginning Date: _____

Goal: _____
 Phone Number: _____
 Phone Number: _____
 Ending Date: _____

Week	Monday (Workday 1)	Tuesday (Workday 2)	Wednesday (Workday 3)	Thursday (Workday 4)	Friday (Workday 5)
<i>Week 1 (Sample)</i>		<i>4/5/11 1000 – 1100 Walk</i>		<i>4/7/11 1300- 1400 Walk</i>	<i>4/8/11 1000- 1100 Nutrition</i>
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					
Week 12					

Employee Wellness & Civilian Fitness Program Tracking Log

Week	Monday (Workday 1)	Tuesday (Workday 2)	Wednesday (Workday 3)	Thursday (Workday 4)	Friday (Workday 5)
Week 13					
Week 14					
Week 15					
Week 16					
Week 17					
Week 18					
Week 19					
Week 20					
Week 21					
Week 22					
Week 23					
Week 24					



The President's Challenge

Physical Activity & Fitness Awards Program

The President's Challenge is a program of the President's Council on Fitness, Sports and Nutrition, U.S. Department of Health and Human Services, www.fitness.gov

Track your Employee Wellness & Civilian Fitness Program Activity by joining the President's Challenge Program.

Have fun.

Get moving.

Earn awards.

Sign up at:

<http://www.presidentschallenge.org>

Join the IMCOM group using the code# 90878

Resources that are available to you:

*For more information on programs and facilities: <http://www.hoodmwr.com>

APPLIED FITNESS CENTER	ARMY WELLNESS CENTER	SPIRITUAL FITNESS CENTER	ABRAMS FITNESS CENTER	HARVEY FITNESS CENTER	GREY WOLF FITNESS CENTER	NORTH FORT HOOD
Climbing Wall Free Weights Weight Machines Cardio Equipment Spin Class Tai Chi Yoga Class ZUMBA Class Cross Fit & Female Cross Fit First Tee Children's Golf Sauna	Tobacco Cessation Program Weigh to Live Self - Care Weight Loss Fitness Assessment & VO2 Max Wellness Exchange Menu List	Counseling Free Coffee/Tea Internet Café Library Meditation	Free Weights Weight Machines Cardio Equipment Spin Class ZUMBA Class Yoga Class Indoor Pool Racquetball Courts Outdoor Volleyball Courts Outdoor Basketball Court Indoor Basketball Courts	Free Weights Weight Machines Cardio Equipment ZUMBA Class Sauna Racquetball Courts	Free Weights Weight Machines Cardio Equipment ZUMBA Class Sauna	ZUMBA Class Yoga Class
33rd St & Old Ironsides Bldg 12018	31st St & Battalion Ave Bldg 12019	33rd St & Battalion Ave Bldg 12012	62nd St & Support Ave Bldg 3001	73rd & Old Ironsides Bldg 31006	58th & Old Ironsides, Bldg 24006	12 St, Bldg 56480
287-5586	288-8488	553-1195	287-2016	287-0195	287-0194	288-0111

Fitness Class Descriptions

Zumba: This is a high energy Latin infused dance workout. It offers exercise/dance routines incorporating a variety of Latin and other international rhythms. Zumba is ideal for anyone who loves to dance and may be modified for any fitness level.

Spinning: This is a high intensity, high energy cycling workout. This class is great for anyone looking to challenge themselves, build endurance and get fit. This class is adaptable to all fitness levels.

Yoga: This is a true mind body experience. This class offers a great stretching and flexibility workout. This class is modifiable to any fitness level.

Army Substance Abuse Program

Employee Assistance Program:

The EAP is available to all civilian employees and their family members, family members of active duty Soldiers, to include retirees and their eligible family members. The EAP can provide assistance and guidance whenever necessary and without fear of reprisal when the client has an issue affecting job performance or individual wellness. The EAP can offer a confidential problem assessment and various strategies to address the problem area. The goal of the EAP is to help the employee or family member with practical, in-house counseling and coaching, short-term problem solving, and to offer referral services when a long-term solution is needed. The EAP maintains a list of experienced, licensed, and credentialed care providers who are available to listen, offer guidance and counseling, if necessary, to deal with a wide variety of issues.

Confidentiality: For the purpose of the EAP, information is considered confidential when it is not shared with a third party without the specific written consent of the client. All EAP services are subject to Federal regulations and local laws which enforce the practice of confidentiality.

Contact Information:

Army Substance Abuse Program, Attn: Employee Assistance Program
Building 2241, Room 103, 58th Street & Support Avenue
Tel. 254-287-6207, 286-6216, 287-2437 Fax. 254-288-9904
Hours of Operation: Monday – Friday 0730-1630 (Lunch 1130-1300)

Suicide Prevention:

Ask, Care, Escort (ACE) 1-Hour Training: Suicide prevention and awareness training for all DA Civilians. Available products include: Shoulder-to-Shoulder; Beyond-the-Front; Home Front; and ACE Training for DA Civilians.

Applied Suicide Intervention Skills Training (ASIST) 2-Day Training: Suicide awareness and intervention skills training, Applied Suicide Intervention Skills Training (ASIST) Train-the-Trainer (T4T) 5-Day Training: Develop first-line supervisors as ASIST 2-day trainers.

Suicide Intervention Interactive Role Play: Interactive training that promotes suicide prevention awareness, provides information to recognize at risk behavior, and encourages help-seeking behavior. We are offering the Suicide Prevention Interactive Role Play each Tuesday beginning March 1 (3 sessions: 1000, 1300, and 1500).

Contact Information:

Military OneSource: www.militaryonesource.com, 1-800-342-9647
National Suicide Hotlines: 1-800-SUICIDE or 1-800-273-TALK (8255) Army Suicide Prevention Program: www.preventsuicide.army.mil
Deployment Stress Care Line: 535-4497
Army Community Service: 287-4227

WELLNESS CENTER

Appointments: 288-8488

Hours: 0900-1700

Location: Bldg. 12019,
31st St. & Battalion Ave.

Tobacco Cessation program: This program starts with your decision to stop using tobacco, and a call to the Wellness Center to sign up for the orientation class. Depending on your health history, you may need to obtain clearance from your primary care provider to use the cessation medications. When cleared, make your appointment to see a certified health care provider at our center for your individual assessment and plan. The follow-up program takes about three months. This program is not a Tricare benefit, thus there is no referral process for off-post visits. (No cost for classes, must be a military ID card holder to receive prescription for smoking cessation products)

Weigh to Live (Weight Management) program: Adopt a new "Weigh to Live" with our program designed for adult family members, retirees and active duty. The comprehensive approach focuses on gaining knowledge and practicing a healthy lifestyle for weight management. The professional staff consisting of: a Registered Dietitian, Advanced Practice Nurse, Clinical Pharmacist, Stress Management Expert, and Health Promotion Technician are ready to guide you. Call to sign up for the orientation class that occurs most Thursdays (0900 & 1800 classes available). Classes fill up quickly! Your orientation assessment lets us know where you may need more information. With a variety of 9 different classes, you can choose topics in nutrition, activity, thoughts about food/eating, and medications. Classes are held Tuesdays at 1800 and Fridays at 0900 (No cost for classes)

Self-Care program: Self care is an educational program open to all beneficiaries. A one-time class reviews guidelines for healthy living, home treatment for minor illnesses and injuries, and recognizing the need for urgent medical care. The card received after the class allows you to receive limited quantities of over-the-counter medications without a provider's prescription, along with guidance for use from a staff pharmacist. All active duty Soldiers receive this class and card during medical inprocessing, but family members must take the class and have their own card to receive medications for themselves or their children. (No cost for class, must be military ID card holder to receive certification card and products from military pharmacy)

Weight Loss Surgery Nutrition: Our Registered Dietitian specializes in pre-surgery education and post-surgery medical nutrition therapy for gastric bypass and adjustable gastric banding. Whether your surgery was done at CRDAMC or another facility, our dietitian can help you plan a healthy weight loss and maintenance plan. Join the monthly support group to talk with your peers and get new ideas. (No cost for classes)

Fitness Assessments & VO2 MAX: Trained staff will guide you through a series of tests to measure your metabolism and fitness level. An accurate measure of your use of oxygen will provide you with your Resting Metabolic Rate (RMR). This number can be used to determine the best course of action and diet for you within your fitness zone. Currently open on an appointment basis only. See the link below for our Meal Plan Exchange List. (No Cost for classes)

Health Promotion Evaluation Class: Topics in health promotion, behavioral change, nutrition, and tobacco cessation can be tailored to your group. Examples of previous classes are: Female Soldier Health; Family-Style Nutrition; Soldier Nutrition for the Field; Motivation for Healthy Changes; Weigh to Live Lite (one-hour overview); Preventing Tobacco Use; and Nutrition for Healing and Weight Management. Please call with plenty of time before your event in order to set up an appointment with an instructor. (No cost for classes)

SPIRITUAL FITNESS

Who am I?

What is the purpose of life?

What do I believe in?

How does that make me who I am?

Appointments: 553-1195

Hours: 0900-2000

Location: Bldg. 12012,
31st & Battalion Ave.

Services include:

Counseling: Counseling is available to meet your every need. Visit or set an appointment to speak with an Army Chaplain on any issue you might be having difficulty with.

Free Coffee/Tea: Enjoy free gourmet coffees and teas while listening to soothing music or talking to friends in our indoor fellowship area.

Internet Cafe/Library: Inside the Spiritual Fitness Center is a library of spiritual books to aid you in whatever your needs may be. Come check out a book for free or search the internet for your answers at our wireless internet café.

Meditation Area: We offer a public room perfect for your meditation needs. Display screens offer thought provoking questions. Comfortable furniture allows a location for you to reflect on your mental and spiritual needs and rest in the company of yourself.