

SUPERVISOR / EMPLOYEE

PARTICIPATION FORM

***Make a copy for your records and a copy for your supervisor. You are not enrolled until you receive the Civilian Fitness Enrollment Approval Form and give it to your supervisor.**

Name of Employee: _____ Name of Supervisor: _____
Unit: _____
Work phone: _____ FAX Number: _____
Supervisor's E-mail: _____
Employee's E-mail: _____
(needed to email the weekly fitness tips)

AGREEMENT

We understand and agree that (employee name) _____ will be participating in the command-sponsored Civilian Fitness Program up to 3 one-hour sessions each week for a total of 78 hours over a consecutive 6 month period beginning _____ (Civilian Fitness Wellness Assessment Date) and ending _____ (6 months after Wellness Assessment Date). We understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week _____ / _____ / _____, at the following inclusive time _____ to _____, and at the following location _____.

2. We also understand and agree that:
- You have the opportunity to disenroll within 1month from your official start date and keep your eligibility to enroll at a later time.
 - Exercise sessions will start and finish on the installation where the employee is located unless the installation does not have a suitable environment in which to exercise. This determination will be made by the installation commander when questionable.
 - Exercise days, times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.
 - 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 because of leave, temporary duty, or other reasons.
 - No additional duty time is automatically 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 exercise 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.
 - Employee understands that if he/she chooses to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is his/her financial responsibility.
 - Failure to complete the final assessment may result in an "Incomplete" notification to be forwarded to your supervisor. Supervisors may, at their discretion, request that the time allotted for the program (up to 76 hours) as "Administrative Leave" be replaced as "Annual Leave".

3. As participant, I, the employee, will sign in and out from exercising at the gym or with my supervisor. I understand that I must complete the final wellness assessment to complete the program. My supervisor and I understand that I am not authorized to start the Civilian Fitness Program until I receive my Civilian Fitness Program Enrollment Approval Form stating that I have met all requirements to begin the program.

4. I understand, that this is a once in a career opportunity, and certify that I have not been enrolled in the Civilian Fitness Program at any other location before.

Signature of Employee _____ Date _____
Signature of Supervisor _____ Date _____

If you have any questions regarding the Civilian Fitness Program process please contact the USACHPPMEUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

PAR-Q / HEALTH HISTORY FORM

Before engaging in a moderate physical conditioning program, certain medical or health issues need to be addressed. Occasionally, diseases are present which the individual is not aware of. This is often true in the beginning stages of cardiovascular (heart and blood vessel) disease - especially as an individual gets older. These undetected or "sub clinical" diseases may cause problems when a vigorous exercise program is begun.

Ask yourself these 11 key questions to see if you should get a medical screening. This is not designed to detect unfit individuals, but to identify and treat potential medical problems related to starting a regular exercise program.

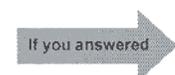
YES NO

- 1. Has your doctor said that you have a heart condition and recommended only medically supervised activity?
- 2. Do you have chest pain brought on by physical activity?
- 3. Have you developed chest pain in the past month?
- 4. Do you tend to lost consciousness or fall over as a result of dizziness?
- 5. Do you have a bone or joint that could be aggravated by the proposed physical activity?
- 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
- 7. Do you become extremely short of breath with mild exercise?
- 8. Do you feel frequent skipped heartbeats?
- 9. Are you >20 lbs. over recommended body weight AND not accustomed to exercise?
- 10. Are you pregnant or have you been within the last 3 months?
- 11. Are you aware through your own experience, or a doctor's advise, of any other physical reason against your exercising without medical supervision?

NOTE: If you have a temporary illness, such as a common cold, or are not feeling well at this time – POSTPONE!!!

YES to one or more questions

NO to all questions



If you answered any of the above questions with a "YES", you must get a health screening from your basic medical treatment facility before beginning the Civilian Fitness Program.

If you answered accurately, you have reasonable assurance of your present suitability for a graduated exercise program - a gradual increase in proper exercise promotes good fitness development while minimizing discomfort.



Until after medical evaluation, and you receive approval from your physician for
 - unrestricted physical activity, starting off easily and progressing gradually
 - restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

1. Name: _____ Age: _____
2. Person to Contact in Case of Emergency: (Name) _____
 (Relationship) _____ Phone Number: _____
3. Are you taking any medications or non-prescription drugs? (Please circle) YES NO
 If yes, please list (including supplements) _____
 Reason for taking medication listed? _____
4. Do you have, or have you had, any of the following: (please circle)
 a. Any chronic illness or conditions YES NO
 b. Recent surgery (last 6 months) YES NO
5. Do you currently use tobacco products? YES NO
 If yes, what do you use? (Please circle) Cigarettes Chew Tobacco Cigar

certify the above is accurate and complete to the best of my knowledge.

Participant's Signature _____ Date _____

To Be Completed at Station 2.

Medical Comments if any: _____
 Participant is: Medically Approved based on PAR-Q to start the Civilian Fitness Program.
 Referred to their Primary Care Provider for additional medical screening.

Medical Personnel Signature & Title _____ Date _____
 This document needs to be individualized depending on the assessments you are providing

MEDICAL APPROVAL FORM

(Only for participants requiring additional medical screening to start Civilian Fitness)

REFERRAL TO HEALTH CARE PROVIDER

Dear Health Care Provider,

Date: _____

Your patient, _____, desires to participate in the physical fitness component of the Civilian Fitness Program. The Fitness Assessment screening identified the following health risk factors:

- Age: 40 years or more (male) or 50 years or more (female) with significant risk factors
- Elevated blood pressure: _____ / _____ mm/Hg.
- Diabetes
- Obesity (defined as: _____)
- Family history of cardiovascular disease in parents or siblings prior to age 55
- Symptoms or signs suggestive of cardiopulmonary disease
- Known cardiac, pulmonary, or metabolic disease
- Has not been recently (within 6 months) involved in a regular moderate exercise program
- Pregnancy

Other: _____

We request that your patient obtain clearance from you prior to participation in the Civilian Fitness Program. Please complete the Health Care Provider Approval Form below and return it to the patient.

Sincerely,
Fitness Assessment Provider

-----Do not separate-----

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.

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
Name/Stamp _____
Office telephone number _____ E-mail Address _____

Participant: Fax completed approval to local Health Promotion Office at XXX-XXXX or XXXXX-XX-XXXX. Questions? Call the local Health Promotion Office at XXX-XXXX or XXXXX-XX-XXXX.

Additional questions regarding the Civilian Fitness Program process may be directed to the USACHPPMEUR Department of Health Promotion and Wellness at DSN 486-7099/8555 or CIV 06371-86-7099/8555.

INFORMED CONSENT

I hereby give informed consent to engage in a series of health and medical evaluations including a Fitness Assessment. The purpose of this assessment is to determine my physical fitness and health status. The entire Fitness Assessment should take no more than one hour of my time. The assessment will include the following:

1. **Blood Pressures and Pulse.** A blood pressure cuff will determine Blood Pressure. Pulse will be determined by palpating the brachial artery in the wrist.
2. **Body Composition will be determined by:**
 - a. **Waist to Hip Ratio** which is composed of measuring the circumference of the hip and waist with a tape measure.
 - b. **Body Fat Percentage** which is determined by using the Omron Body Fat Analyzer to measure the percentage of body fat compared to lean muscle mass.
 - c. **Waist Circumference** which is the measurement around your waist. This measurement is a good indicator of your risk of getting various diseases.
 - d. **Body Mass Index.** BMI is a measure which takes into account a person's weight and height to gauge total body fat in adults.
 - e. **Circumference Testing:** Simple 3-site measurement to determine body composition.
3. **Cardio-respiratory Fitness** will be determined using a 3 Minute Step Test. Cardio-respiratory fitness is defined as the ability of the heart and lungs to provide oxygen to the muscles. The Step Test involves measuring the heart rate in the recovery period following three minutes of stepping at 96 bpm on a 12 inch bench. The recovery heart rate becomes lower in individuals who exercise regularly, indicating a more efficient heart.
4. The Sit and Reach Test measures flexibility of the muscles in the back of the legs and trunk. Flexibility is defined as the range of possible movement in a joint or group of joints.
5. **Muscular Endurance** is the ability of a muscle group to execute repeated contractions over a period of time sufficient to cause muscular fatigue. Tests such as a curl-up (crunch) test, or the maximum number of push-ups that can be performed without rest may be used to evaluate the endurance of the abdominal muscle groups and upper body muscles, respectively.
6. There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances heart attack, stroke and death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.
7. Information you possess about your health status or previous experiences if unusual feelings with physical effort may affect the safety and value of your exercise test. Your prompt reporting of feelings with effort during the exercise test itself is also of great importance. You are responsible for fully disclosing such information when requested by testing staff. Your permission to perform the exercise assessments are voluntary and you are free to stop the test at any point, if you so desire.
8. I desire such testing so that better advice regarding my proposed exercise program may be given to me, but I understand that the testing does not entirely eliminate risk in the proposed exercise program. I understand that I can withdraw my consent or discontinue participation in any aspect of the fitness testing or program at any time without penalty or prejudice toward me.
9. I have read all of the above explanations about the Health and Fitness Assessments. I voluntarily consent to participate in this program. I hereby give my permission for the aggregate data to be used for evaluation of this program. I have had my questions answered to my satisfaction about this program. I understand that if I have additional questions, I may contact the Health Promotion Coordinator at DSN XXX-XXXX.

(Signature of Participant)

(Date)

(Signature of Witness)

(Date)