



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
INSTALLATION MANAGEMENT COMMAND PACIFIC REGION  
HEADQUARTERS, UNITED STATES ARMY GARRISON HUMPHREYS  
UNIT #15228  
APO AP 96271-5228

IMHM-PM

31 December 2012

MEMORANDUM FOR DISTRIBUTION

SUBJECT: United States Army Garrison Humphreys Policy Letter #81, Army Civilian Fitness Program (CFP)

1. The proponent for this policy is the Health Promotion Coordinator.
2. This policy letter is effective immediately/upon receipt and remains in effect until otherwise rescinded or superseded.
3. References:
  - a. AR 600-63, Army Health Promotion, 7 September 2010.
  - b. IMCOM Command Policy #17 – Civilian Wellness, 17 June 2010.
  - c. Civilian Personnel On-line, Employee Wellness Program, 10 July 2009, <http://cpol.army.mil/library/permis/593.html>
  - d. DoD Directive 1010.10 Health Promotion and Disease/Injury Prevention, 24 November 2003.
4. Applicability: This policy applies to all regular full-time Appropriated Fund (AF) and Non-Appropriated Fund (NAF) civilian employees assigned to USAG Humphreys. This policy does not apply to invited contractors, KGS/KWG employees, part-time AF/NAF employees, or full-time employees assigned at locations other than Camp Humphreys.
5. The Army Civilian Fitness Program is a Department of the Army (DA) program intended to encourage civilian employees to improve their health and fitness through exercise and participation in other structured wellness activities. Program specifics are outlined in the attached Army CFP Participant's Guide, to include guidelines, applications, consent forms, medical warnings and screenings, and Worker's Compensation disclaimer.
6. While Army policy generally places responsibility on civilian employees to use non-duty time to participate in health and fitness activities, AR 600-63 provides Commanders with the authority to approve up to three hours administrative leave per week for employees (with supervisory approval) to participate in command-sponsored physical exercise training, monitoring, and education.

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7. Basic elements and requirements of the CFP:

a. The three hours of administrative leave per week, as defined, are limited to one hour per duty day.

b. Duration of the program is not to exceed six months.

c. Pre- and post-program participant evaluations are required.

d. Documentation of program attendance is required.

e. The program includes exercise and nutritional education.

f. The program is offered one time only per person per tenure with the US Army.

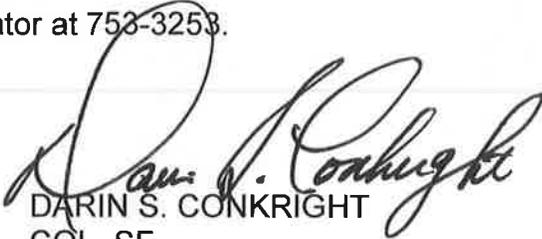
g. Supervisors may adjust work schedules to permit training and exercise where possible and when it is consistent with the workload and mission.

i. Approval by a health care provider prior to participation in the program may be required if specific health concerns are present.

8. It is important to maintain a healthy civilian workforce; therefore supervisors at all levels should encourage all eligible subordinate civilians to participate and support a positive lifestyle change.

9. POC is the Health Promotion Coordinator at 753-3253.

Encl  
as



DARIN S. CONKRIGHT  
COL, SF  
Commanding

DISTRIBUTION:  
A & B

# Army Civilian Fitness Program Participant's Guide

USAG Humphreys  
Health Promotion  
753-3253

*Enrollment: January 1-Jan 31, 2013*

*Program Length: 6 months*

Dear Participant,

Welcome to the Camp Humphreys Civilian Fitness program. Studies show that personnel who stay fit enjoy improved morale, greater productivity, and less sick time.

For most people, starting a very basic exercise program is safe. If you start gradually, there should be little if any muscle soreness. However, if you answer "yes" to any of the questions on the Health History Form, you must get medical clearance before you can participate in the program.

Exercise can be done in groups or on your own. In either case, you can workout during duty hours over this six-month period, mission requirements permitting. The three hours per week must be used for your workouts and not for any other personal leisure activities. Also, the workouts must occur on the installation.

Congratulations for taking the first step towards a healthier you. Please do not hesitate to call with any questions or comments.

Points of contact is Mr. Dave Elger, Area III Health Promotion Coordinator

Dave Elger, MA  
Area III Health Promotion Coordinator  
DSN 753-3253  
dave.elger@us..army.mil

# **CIVILIAN FITNESS**

## **GUIDELINES FOR PARTICIPANTS AND SUPERVISORS**

### **1. ELIGIBILITY**

- a. Open to all regular, full time DoD civilian employees.
- b. The program is completely voluntary..
- c. Participation is limited to **ONLY ONE SIX MONTH CYCLE.**

### **2. PARTICIPANTS RESPONSIBILITIES**

a. Participants must review, complete, and sign the Health History form, the Informed Consent form, and the Memorandum of Understanding for Participants and Supervisors.

b. All participants who require medical clearance must provide the Physician's Approval Form or a similar statement from a physician that approves the employee's participation in a fitness program. **NO ONE WITH KNOWN RISK FACTORS WILL BE PERMITTED TO BEGIN THE PROGRAM WITHOUT PROVIDING AN APPROVAL FORM. NO EXCEPTIONS!**

c. Participants will specify his or her program start and end date in a contract with his or her supervisor. The contract will document the supervisor's approval for attendance in the exercise portion of the program.

d. Participants will track attendance and participation using the sign-in form provided at the gym of their choice.

e. All participants are required to attend the initial and final assessment. Participants will have the opportunity to receive education on fitness and nutrition. Participants new to exercise may request an orientation to various fitness activities before beginning their program.

## **GUIDELINES (continued...)**

### **3. SUPERVISOR'S RESPONSIBILITIES**

- a. Supervisors should encourage participation in the program.
- b. Supervisors will review and initial employee's monthly attendance rosters.
- c. Supervisors will maintain records to support the participant's involvement in the program (i.e., supervisor's approval form, official registration form). Participants must be officially registered before participating in the program. It is the supervisor's responsibility to ensure the participant is officially registered by receiving the completed registration form.
- d. Consistent with mission requirements, supervisors should allow duty time for employee's participation in training and exercise. If possible, allow participants to combine their exercise hour with either their lunch hour or their morning or afternoon break.
- e. Contact the Health Promotion Coordinator at 753-3253 for questions or concerns.

### **4. PERMITTED ACTIVITIES**

- a. Each civilian participant is authorized three hours of excused administrative absences per week for six months to conduct their exercise program if approved by supervisor. Unused exercise hours may not be carried forward to subsequent weeks nor can these exercise periods be used for any non-duty purpose. Exercise periods are official duty time. Misuse of this time is a workplace infraction, and would be subject to the same disciplinary actions as other similar infractions.
- b. With rare exceptions, physical activities should be carried out on-post. Approved activities include but are not limited to walking, running, swimming, gym circuit training, weight lifting, calisthenics, and group exercise. Activities such as bowling, doubles tennis, and golfing are examples of RECREATIONAL activities that are not NOT approved Civilian Fitness Activities. Contact Health Promotion if you have questions.

# CIVILIAN FITNESS

## Program Enrollment and Participation Dates

**DATE:** The Civilian Fitness Program runs for 6 months immediately following completion of your enrollment.

### PROGRAM ENROLLMENT:

**Initial registration and health history questionnaires** are administered through the Health Promotion Coordinator at USAG Camp Humphreys Medical Clinic by appointment. 753-3253. Initial registration includes blood pressure, height and weight, plus body composition assessment.

## CIVILIAN FITNESS INFORMED CONSENT (For Civilian Health Promotion Program Assessment and Activities)

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history and participating in a variety of physical activities. The physical activity sessions are voluntary and may not be supervised or instructed by trained physical fitness specialists.

There exists the possibility that certain detrimental physiological changes may occur during exercise. These changes could include heat-related illness, cardiorespiratory distress, orthopedic injury, and in some instances heart attack or stroke. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete Health/Medical History information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

In consideration of my application being accepted, I hereby, for myself, my heirs, personal representatives and executors waive, release and forever discharge and all rights and claims for loss or damages which I may have or hereafter accrue to me against the organizers and sponsors, for any and all injuries which might be suffered by me in this program.

I have had a chance to have my questions answered to my satisfaction about this program. I understand that if I have additional questions, I may contact the Health Promotion Coordinator.

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(Signature)

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(Date)

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(Witness)

# MEDICAL CONSIDERATIONS

## 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 (Y) or NO (N)

- \_\_\_ 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?
- \_\_\_ 10. Have you NOT recently (within last 6 months) been involved in regular moderate 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 advice, 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

If you answered any of the above questions with a "YES" you must get a health screening from your Medical treatment facility prior to beginning the Civilian Fitness Program

### NO to all questions

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.

Do you have, or have you had, any of the following: (please circle)

a. Any chronic illness or conditions YES NO Explain: \_\_\_\_\_

b. Recent surgery (last 6 months) YES NO Explain: \_\_\_\_\_

Do you currently use tobacco products? YES NO If yes, what do you use? (Please circle) **Cigarettes** **Chew Tobacco** **Cigar**

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

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To Be Completed by Medical Personnel at Fitness Assessment Only.**

Medical Comments if any: \_\_\_\_\_

Participant is:  Medically Approved to start the Civilian Fitness Program.

Referred to their Medical Provider for additional medical screening.

PHYSICIAN REFERRAL FORM

Dear Dr. \_\_\_\_\_,

Date: \_\_\_\_\_

Your patient, \_\_\_\_\_, desires to participate in the physical fitness component of the Army Civilian Fitness Program. Our initial medical screening identified the following potential health risk factors:

- Elevated blood pressure: \_\_\_ / \_\_\_ mm/Hg, or on hypertension medication
- Smoking
- Obesity
- Chronic disease (i.e. diabetes, heart disease)
- Symptoms or signs suggestive of cardiopulmonary disease
- Orthopedic or other limiting condition

Other: \_\_\_\_\_  
\_\_\_\_\_

Because of these risk factors, our guidelines require your patient to obtain clearance from you prior to participation in the Civilian Fitness Program.

Please complete the attached Physician's Approval Form and have the patient return it to Dave Elger, Health Promotion Coordinator located in Bldg. 555.

Sincerely,

Dave Elger, MA  
Health Promotion Coordinator, Area III  
DSN 753-3253  
dave.elger@us.army.mil

**PHYSICIAN'S APPROVAL FORM**

Patient name \_\_\_\_\_ Phone \_\_\_\_\_  
(print)

has medical approval to participate in the Army Civilian Fitness Program on Camp Humphreys. I understand that the program includes mild to moderate intensity exercise, and is 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.

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

\_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Office telephone number \_\_\_\_\_

Date \_\_\_\_\_

***Return to Health Promotion located in the Camp Humphreys Medical Clinic, Bldg 555.***

# *Civilian Fitness*

## MEMORANDUM OF UNDERSTANDING FOR PARTICIPANTS

Return to the Area III, Health Promotion Coordinator located in the Army Medical Center on Camp Humphreys, Bldg. 555.

Name of Employee: \_\_\_\_\_

### AGREEMENT

I, \_\_\_\_\_, understand that my full participation in the USAG Humphreys Civilian Fitness Health Promotion Program will require three one-hour sessions each week for a total of 78 hours over the course of six months unless illness or injury dictate otherwise. I understand that participation will be my place of duty if permitted to attend during working hours.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete Health/Medical History information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

In consideration of my application being accepted, I hereby, for myself, my heirs, personal representatives and executors waive, release and forever discharge and all rights and claims for loss or damages which I may have or hereafter accrue to me against the organizers and sponsors, for any and all injuries which might be suffered by me in this assessment. I attest and verify that I am able to start and complete this fitness assessment

I understand that some portions of this program may be physically demanding, and I certify that I am in sufficient health to participate in the USAG Humphreys Civilian Fitness Program.

I have read and understand the requirements of the Civilian Fitness Participation Guidelines.

I understand that I am entitled to a one-time enrollment into a DoD sponsored Civilian Fitness Program.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

MEMORANDUM OF UNDERSTANDING FOR PARTICIPANT AND SUPERVISORS

Name of Employee: \_\_\_\_\_

Directorate/Program: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Bldg Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

AGREEMENT

I, \_\_\_\_\_, the supervisor of the individual stated above, understand that he/she will be participating in the USAG Humphreys Civilian Fitness Program for three one-hour sessions each week for a total of 78 hours over the course of six months. I understand that participation will be the place of duty for the above mentioned individual, and that I agree to allow my civilian employee to attend during working hours for a time frame beginning \_\_\_\_\_ **and ending** \_\_\_\_\_. I also understand that the exercise periods are official duty time. Failure to use exercise time appropriately, or misconduct during these periods would be considered workplace infractions that would be subject to the same disciplinary actions. I also am aware that unused exercise hours of the participant may not be carried forward to subsequent weeks not can they be used for any non-duty purpose. The supervisor reserves authority to temporarily suspend administrative absence for Civilian Fitness Participation if the employee is needed to fulfill mission requirements.

EMPLOYEE/  
PARTICIPANT \_\_\_\_\_

Signature

Date

APPROVE /  
DISAPPROVE \_\_\_\_\_

Signature (Supervisor)

Date

APPROVE / DISAPPROVE \_\_\_\_\_

Signature (Director)

Date





## DEPARTMENT OF THE ARMY

HEADQUARTERS, BRIAN ALLGOOD ARMY COMMUNITY HOSPITAL/121st CSH  
US ARMY MEDICAL DEPARTMENT ACTIVITY-KOREA  
UNIT #15244  
APO AP 96205-5244

REPLY TO  
ATTENTION OF

### MEMORANDUM FOR CIVILIAN HEALTH PROMOTION PROGRAM PARTICIPANTS

SUBJECT: In the event of injury

In the event of injury or illness while working out on duty time, you should first contact his immediate supervisor, even if you do not immediately intend to file a claim.

If you were injured on the job, you must file a Department of Labor Office of Workers' Compensation (DOL OWCP) Form CA-1, "Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation."

If you desire to file a workers' compensation claim, you and your supervisor should jointly complete an electronic claim form by visiting [www.cpms.osd.mil/icuc](http://www.cpms.osd.mil/icuc) and selecting "Filing Claims Electronically." If you have workers' compensation questions, contact your local CPAC office.

If you have any further questions regarding the Civilian Health Promotion Program, please contact your Program Coordinator at 753-3253 or [dave.elger@us.army.mil](mailto:dave.elger@us.army.mil).

Dave Elger, MA  
Health Promotion Coordinator, Area III  
753-3253  
010-7274-2523