

UNCLASSIFIED

Employee Wellness and Civilian Fitness Program Enrollment Packet



Civilian Wellness Program
(AR 600-63 Health Promotion)

Army Wellness Center

Building 1489 - 545 Eisenhower Ave.

Call to set up initial screening at

502-626-0408

502-626-0320

Employee Wellness and Civilian Fitness Program Enrollment Packet

**CIVILIAN WELLNESS PROGRAM
ENROLLMENT PACKET**

Welcome to the 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 have completed the Army Wellness Center (AWC) Health Assessment Review (HAR) and set an appointment for your initial screening at the AWC. When you are approved for the program you will receive a copy of the signed enrollment form. **We have limited appointment times, so please call prior to schedule your initial assessment. 502-626-0408.**

It is imperative that you return to the Army Wellness Center for a mid-point assessment and final assessment at the end of the program. Your assessment results will be placed into a data base which can be presented to the post commander in which regulation modification to AR 600-63 will be requested.

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

Employee Wellness and Civilian Fitness Program Enrollment Packet

Table of Contents

Welcome/Table of Contents
Civilian Wellness Contract
Physical Fitness Program Release/Waiver of Liability
Personal Readiness Assessment
Medical Approval by Provider Form if needed
Enrollment Approval Form

All assessment including the Health Assessment Review (HAR) will be completed at the Army Wellness Center (AWC). The Army Wellness Center Soldier Fitness Tracker (AWCSFT) must be completed prior to your assessment appointment and is found at:

<https://awc.army.mil>

Please click on “Log in with AWC” then click “Register here” and follow the prompts.

Additional metabolic and physical assessments will be provided by request.

If you have any questions regarding the Civilian Fitness Program process please contact your Wellness Coordinator listed on page one

Employee Wellness and Civilian Fitness Program Enrollment Packet

Civilian Wellness Contract

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.

This contract is for special enrollment in a limited implementation Civilian Wellness program that is available specifically to the Civilian employees. I understand that if I am on leave status, sick leave less than a two week time frame, or TDY during the 6 month period I cannot reschedule the missed event and will not be able to extend my enrollment without department approval. 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 Wellness Program Office. The on post 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 Name (Please Print): _____

Supervisor's Signature: _____ Date _____

Phone _____ Department _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Day					
Time					

***Please scan & email this document to: brent.a.newell.civ@mail.mil**

Employee Wellness and Civilian Fitness Program Enrollment Packet

**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: _____

****Please scan & email this document to: brent.a.newell.civ@mail.mil**

Employee Wellness and Civilian Fitness Program Enrollment Packet

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, and you answer 'YES' to any of the above questions, seek guidance from a physician immediately.

Employee Wellness and Civilian Fitness Program Enrollment Packet

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 6, this form must be approved by your healthcare provider prior to beginning the program.

Employee Wellness and Civilian Fitness Program Enrollment Packet

PARTICIPANT ENROLLMENT APPROVAL FORM

_____ has applied to participate in the Civilian Wellness Metrics Collection Study for six months. The participant's application has been reviewed and are (only circled letters **apply**):

- A) Accepted into the Civilian Wellness Program.** All documentation has been received at the Civilian Fitness Assessment and is complete. You are required to have a mid and end point assessment. I agree to these terms
- B) Not approved to continue the program until the Civilian Fitness Coordinator receives the Supervisor's Signature on the Participation Agreement.**
- C) Not approved to continue the program until the Civilian Fitness Coordinator receives the Health Care Provider's Approval signed by a Health Care Provider.**

The program starts for the participant on an agreed upon date and will end 6 months later. I will notify the coordinator if I am not a participant of the program for longer than two weeks

You are required to have a mid and end point assessment. I agree to these terms

Program started on: _____ Program will end on: _____
(End Date 6 mo. later)

DATE: _____ SIGNATURE: _____
Army Wellness Center Coordinator

***Please scan & email this document to: brent.a.newell.civ@mail.mil**