



CIVILIAN FITNESS AND HEALTH PROMOTION PROGRAM (AR 600-63)

**Wellness Center
Bldg. 29605 Barnes Ave
Fort Eisenhower, GA
(706) 787-6756**

Start Your Wellness Journey Today!

Civilian Fitness and Health Promotion Program (CFHPP) Enrollment Packet

Table of Contents

Welcome/Table of Contents
Civilian Wellness Contract
Table of Contents
Required Assessment Data
Personal Readiness Assessment
Enrollment Approval Form

The Army Wellness Center (AWC) must be completed prior to your assessment appointment and is found at:

[Health Assessment Review link](#)

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 the Employee Assistance Program coordinator (EAP).

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FORT EISENHOWER CIVILIAN WELLNESS AND FITNESS PROGRAM ENROLLMENT PACKET

Welcome to the Fort Eisenhower Civilian Fitness and Health Program! We appreciate your interest and hope to make the process of enrolling in the program as simple as possible.

The Process is easy.

1. Complete this Civilian Fitness Program Enrollment Packet and submit it to your supervisor.
2. It is **recommended** that participants complete an initial assessment conducted by The Fort Eisenhower Army Wellness Center. To make an appointment call 706-787-6756.

The AWC assessment is NOT a medical approval. Please discuss your fitness plan with your Primary Care provider prior to beginning this program.

The Enrollment Packet is designed to complete all the steps necessary to enroll in the Civilian Wellness and Fitness Program. It is important to note that you will not be enrolled in the program unless all paperwork is complete. When you are approved for the program, you will receive an Enrollment Approval form that is contained in this packet. The EAP can be reached at 706-791- 8500.

It is recommended that you return to the Army Wellness Center for a mid-point assessment and final assessment at the end of your program. Your assessment results will be placed into a data base which can be presented to the post commander for any necessary modifications to AR 600-63.

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

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Civilian Wellness Contract

I, _____(please print) hereby commit to 1 hour, 3x per week, for 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 Department of the Army Civilian employees. I understand that if I am on leave status, sick leave for less than a two week time frame, or TDY. 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.

Participant Name (Please Print): _____

Participants Signature: _____ Date: _____

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

Supervisor's Signature: _____ Date: _____

Phone _____ Department _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Time							

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

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PARTICIPANT ENROLLMENT APPROVAL FORM

_____ has applied to participate in the Civilian Fitness and Health Promotion Program (CFHPP). The participant's application has been reviewed and is (only circled letters apply):

A) Accepted into the CFHPP.

B) Not approved until the EAP receives the Supervisor's Signature on the Participation Agreement.

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

DATE: _____ SIGNATURE: _____
Employee Assistant Program Coordinator