



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, US ARMY GARRISON COMMAND, FORT KNOX
111 E CHAFFEE AVENUE
FORT KNOX, KENTUCKY 40121-5256

REPLY TO
ATTENTION OF:

IMKN-HH

18 August 2016

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: Garrison Policy Memorandum 02 – Civilian Wellness and Fitness Program

1. References:

- a. Army Regulation 600-63, Army Health Promotion, dated 7 Sep 10.
- b. Memorandum, HQ IMCOM IMCG, Subject: Command Policy #17 – Civilian Wellness, 12 May 14.

2. Policy:

a. All leaders in the Garrison must make employee wellness a priority. The resilience and fitness of our Soldiers and Civilians is what enables them to thrive in an era of high operations tempo. By promoting healthier lifestyles, we can enhance morale, increase productivity, increase loyalty, increase performance, reduce sick leave, and increase job satisfaction. Physical fitness is a key ingredient to wellness and plays an important part in emotional well-being.

b. The Employee Wellness and Civilian Fitness Program is a holistic approach to wellness. It incorporates a Civilian fitness program, existing wellness classes and health programs on Fort Knox. The program is voluntary and employees must first have approval from their supervisor and Director. The employee may use up to three hours of administrative leave per week to engage in physical training and wellness classes for a six month duration. The specific schedule of work, administrative leave, and personal time will be agreed upon between the employee and supervisor as part of the enrollment process. Supervisors will ascertain restrictions as to when the employee may take the administrative leave. The employee must be accountable for his or her actions and the supervisor must ensure that the employee is actually engaging in Employee Wellness and Civilian Fitness Program activities during the agreed upon dates and times.

c. Reporting. A pre and post assessment will be conducted. The employee must complete the pre-assessment to be enrolled in the Employee Wellness and Civilian Fitness Program. Then a final assessment is generated in order to be considered as

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satisfying the requirements of the program. Failure to complete all of the program requirements, including the final assessment, may result in the previously approved administrative leave being converted to annual leave (Encl 1).

d. Participation. The employee must obtain registration information, to include a Civilian Fitness enrollment packet (Encl 2).

(1) I Highly encourage supervisors to promote employee participation in wellness activities and to make it possible for employees to continue their commitment to fitness using flexible work schedules. I expect supervisors to inform their employees about the available Fort Knox programs, physical fitness facilities, exiting wellness classes and to take advantage of the Civilian global self-assessment tool of the Comprehensive Soldier Fitness Program to assess dimensions of the employee's emotional, social, spiritual and Family fitness at <http://www.army.mil/csf/>.

(2) The Employee Wellness and Civilian Fitness Program supports IMCOM's commitment to employee wellness by establishing and sustaining a command climate that promotes and reinforces health and wellness.

4. Expiration. This policy memorandum supersedes previous employees wellness policies issued and will remain in effect until superseded or rescinded.

2 Encls
as


STEPHEN K. AITON
COL, AG
Commanding

Enrollment Procedures for Civilian Fitness Program

NOTE: Only DA Civilians that have NOT previously participated may enroll in the program.

Enrollment Sign-up:

1-15 June start date: 1 July
1-15 December start date: 1 January

Completing enrollment packet:

Participant is to first complete all documents of enrollment packet (except pg 7, "Medical Approval by Health Care Provider"-if necessary, this is to be completed by your physician only).

****The Army Wellness Center Soldier Fitness Tracker (AWCSFT) must be completed prior to your assessment appointment and is found at:**

<https://awc.army.mil/Login.aspx?ReturnUrl=%2f>

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.
All assessment including the Health Assessment Review (HAR) will be completed at the Army Wellness Center (AWC).

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.

Schedule metrics enrollment appt at 502-626-0408. Take completed packet to the Army Wellness Center, Bldg 1489 Eisenhower Ave (diagonally across from Burger King) to have your metrics done and have it completed and signed by Jared Harper or Mary (Tina) McDonald.

HRC enrollment/tracking:

Participant scans and emails completed pages 4, 5 and 8 to USAG Wellness Coordinator at email to complete their enrollment.

Note: Do not send incomplete documents. All documents must be signed and have complete information. Incomplete information will be sent back and may cause enrollee to miss enrollment opportunity or lose days participating in the program.

Timekeeping:

Administrative Leave

Administrative leave will be granted for time individual participates in the program. Program participation will be in 1 hour increments up to 3 hours per week.

ATAAPS code to use for Administrative Leave:

Type Hour = LN

ACT Type = WELLN

Employee Wellness and Civilian Fitness Program Enrollment Packet



Civilian Wellness Program **(AR 600-63 Health Promotion)**

Army Wellness Center

Building 1489 - 545 Eisenhower Ave.

Jared Harper MS, CSCS. AWC Director

502-626-0320

or Call to set up initial screening at

Bridget Neal Secretary (502-626-0408)

USAG Wellness Coordinator:

Safety: Mr. Brian Wood

EEO: Mr. James Norfleet

RSO: Mr. Lee

DFMWR: Ms. Jennifer Black

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. PH# 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

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Civilian Wellness Contract
Physical Fitness Program Release/Waiver of Liability
Required Assessment Data
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/Login.aspx?ReturnUrl=%2f>

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 name (Please Print): _____

Supervisor's Signature: _____ Date _____

Phone _____ Directorate/Staff Office _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Day					
Time					

Please scan and email this page to your coordinator

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 and email this page to your coordinator

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 and email this page to your appointed coordinator