

**USAG Stuttgart
Civilian Fitness Program
Enrollment Packet**

Completed packets must be returned to the Workforce Development Coordinator before you may begin your scheduled USAG Stuttgart Civilian Fitness Program.

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

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Points of contact: Civilian Fitness Program Coordinators

Primary: Workforce Development Coordinator
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Alternate: Dr. Bala M. Fischer, Community Readiness and Resilient Integrator
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CIVILIAN FITNESS PROGRAM GUIDELINES FOR PARTICIPANTS AND SUPERVISORS

1. ELIGIBILITY: Participation in the Civilian Fitness Program is open to all AF, NAF and LN full-time employees and enrollment is voluntary.

2. PARTICIPANT'S RESPONSIBILITIES

Step 1: Read Command Policy # 25 Civilian Fitness Program (CFP) and review the CFP Enrollment Packet.

Step 3: Discuss your plan to participate in the CFP with your first-level supervisor. If both of you agree to the plan, read and sign the Civilian Fitness Contract (page 4). Supervisor will maintain a copy.

Step 4: Read and sign the Physical Fitness Program Release/Waiver of Liability form (page 5).

Step 5: Obtain a physical assessment –

a. Contact Army Wellness Center, Patch Barracks, Bldg 2337 for an assessment. Bring your CFP packet with you and have staff complete Personal Readiness Assessment (page 6) and Physical Assessment Data (Pre-test) (page 7).

b. If risk is identified by the Army Wellness Center that a medical clearance is required, you have to get your physician to complete the Medical Approval by Physician form (page 8).

Step 6: Sign the Participant Enrollment Approval Form (page 9).

Step 7: Submit the completed enrollment packet to the Workforce Development Coordinator. It is recommended that you maintain a copy of the packet for your records.

Step 8: Begin your fitness program schedule as agreed upon in the signed Civilian Fitness Contract.

Step 9: After completing your 6-month fitness program, contact the Army Wellness Center to obtain a post-test physical assessment (as in Step 5) within 15 days of your program end date and submit your post-test assessment (page 7) to the Workforce Development Coordinator.

Civilian Fitness Contract

I, _____, have volunteered to participate in a 6-month/3 hour per week Civilian Wellness Program under the guidance of the Department of the Army G1 Civilian Fitness Program guidelines. The program may consist of self-directed exercise, walking groups, strengthening exercises, limited weight training exercises, and other activities designed to improve individual wellness levels.

I realize this contract is made with the agreement and signature of my supervisor and participation may be interrupted for immediate work requirements. If my fitness program is interrupted, a new contract must be completed to establish a new 6-month end date.

I understand that if I am on leave status, sick leave, or TDY during the 6-month period, I cannot reschedule the missed events and will not be able to extend my enrollment.

I agree to obtain a pre-test at the Army Wellness Center, Patch Barracks, Bldg 2337 before I start the fitness program and I agree to obtain a post-test physical assessment with the Army Wellness Center within 15 days of my program's end date below.

Program start date: _____ Program end date: _____

Fitness schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End time					

Participant Name (Please Print): _____

Participant's Signature: _____ Date: _____

I agree to and approve the above named employee's participation in a scheduled fitness program.

Supervisor's Signature: _____ Date: _____

**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 law, 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: _____

Personal Readiness Assessment

Below are questions that you should consider BEFORE beginning an exercise program. Although these serve as a basic readiness guideline, you should consult a physician BEFORE beginning an exercise program.

1. Has a physician ever said that you have a heart condition and you should only do physical activity recommended by a physician?
2. When you do physical activity, do you feel pain in your chest?
3. When you were not doing physical activity, have you had chest pain in the past month?
4. Do you ever lose consciousness or do you lose your balance because of dizziness?
5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?
6. Is a physician currently prescribing medications for your blood pressure or heart condition?
7. Are you pregnant?
8. Do you have insulin-dependent diabetes?
9. Are you 69 years of age or older?
10. Do you know of any other reason you should not exercise or increase your physical activity?

If you answered 'YES' to any of these questions, talk with your physician **BEFORE** you become more physically active. Inform him or her of your intent to exercise and to which questions you answered yes.

If you 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 so that you can then answer 'YES' to any of the above questions, seek guidance from a physician immediately.

Physical Assessment Data (Pre-test)

Participant's Name: _____ Age: _____ M/F

Height: FT _____ ' IN _____ " or cm _____

Weight: _____ LBS or _____ kg

Blood Pressure _____ / _____

Resting Heart Rate _____ BPM

Smoker YES / NO

Phone: _____

Email: _____

Activity Level: *(Check one below)*

Active: _____ Sedentary: _____

Wellness Center _____ OR Physician _____
Signature Signature

Physical Assessment Data (Post-test)

Weight: _____ LBS or _____ kg

Blood Pressure _____ / _____

Resting Heart Rate _____ BPM

Smoker YES / NO

Fitness activities you participated in:

Wellness Center _____ OR Physician _____
Signature Signature

(German)

Körperliche Untersuchung (Vortest)

Teilnehmer/in Name: _____ Alter: _____ M/W

Grösse: _____ cm

Gewicht: _____ kg

Blutdruck: _____ / _____

Herzfrequenz in Ruhe: _____ BPM

Raucher/in: Ja / Nein

Telefon: _____

Email: _____

Aktivitätslevel: Aktiv: _____ Inaktiv: _____

Arzt _____

Unterschrift

Körperliche Untersuchung (Nach Teilnahme)

Gewicht: _____ kg

Blutdruck: _____ / _____

Herzfrequenz in Ruhe: _____ BPM

Raucher Ja / Nein

Fitnessaktivitäten:

Arzt _____

Unterschrift

MEDICAL APPROVAL BY PHYSICIAN

Participant's Name (print): _____ Phone: _____

has medical approval to participate in the physical fitness component of the Civilian Fitness Program. He/she understands that the program includes mild to moderate intensity exercise and may be conducted in unsupervised groups or individually. He/she also understands 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):

Physician's Signature: _____ Date _____

Physician's Print Name/Stamp: _____

Office telephone number: _____

(German)
Aerztliches Attest

Teilnehmer/in: (Druckschrift) _____

hat die ärztliche/medizinische Genehmigung zur Teilnahme an der körperlichen Fitnesskomponente des zivilen Fitnessprogramms. Der Teilnehmer versteht, dass das Programm leichte bis mittlere Übungen umfasst und in unbeaufsichtigten Gruppen oder Einzeln durchgeführt wird. Ich verstehe auch, dass die Teilnahme freiwillig ist, und es dem Teilnehmer ermöglicht, jederzeit zu stoppen und sich auszuruhen, wenn er/sie es wünscht. Wenn der Teilnehmer bestimmte Übungen nicht durchführen darf, listen Sie bitte die Einschränkungen und geeignete Ersatzübungen in dem unten angegebenen Feld auf. Die folgende Ausübungsbeschränkungen und Ersatzübungen gelten (wenn keine, bitte vermerken).

Unterschrift des Arztes: _____

Name des Arztes (Druckschrift) / Stempel: _____

Buero / Telefonnummer: _____

PARTICIPANT ENROLLMENT APPROVAL FORM

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

- A) Accepted into the Civilian Fitness Program.** All documentation has been received at the Civilian Fitness Assessment and is complete.

- B) Not approved to begin the program until the Civilian Fitness Program Coordinator receives the **Supervisor's Signature on the Participation Agreement and 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.

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

DATE: _____ SIGNATURE: _____
Civilian Fitness Program Coordinator

Points of contact: Civilian Fitness Program Coordinators

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Local Wellness Resources:

Program	Applicable Service	DSN/Civilian
Army Substance Abuse Program	<ul style="list-style-type: none"> - Alcohol and Drug Counseling - Alcoholic Anonymous - Drug Testing - Prevention Education 	DSN: 431-2530/3061 Civ: 07031-15-2530/3061
Employee Assistance Program	- Screenings or assessments for various types of problems to include alcohol and drug abuse, marital, emotional, behavioral, and financial.	DSN: 431-2530 Civ: 07031-15-2530
Preventive Medicine	<ul style="list-style-type: none"> - Disease Prevention consultations - Tobacco Cessation 	DSN: 590-1602 Civ: 06371-9464-1602
Army Wellness Center	<ul style="list-style-type: none"> - Biometric Assessments - Nutrition Consultation and planning - Fitness assessments prescriptions 	DSN: 590-1601 Civ 06371-9464-1601
Army Community Service	<ul style="list-style-type: none"> - Stress Management - Resiliency Training - Financial Counseling and much more. 	DSN: (314) 431-3362 Civ:+49 (0)7031-15-3362