

Fort Hamilton Civilian Fitness Program

 Fitness Program

What is Civilian Fitness?

* The Army Civilian Fitness Program is designed to encourage civilian employees to improve their health and fitness through formal physical exercise training and other wellness activity
* Army Regulation 600-63, Army Health Promotion, authorizes commanders and supervisors to approve up three one-hour exercise sessions per week utilizing administrative leave, during normal work hours, to participate in physical exercise training, monitoring and education
* Fort Hamilton offers continuous enrollment in the self-directed program. Supervisor approval and support is necessary for enrollment
* The intent of the program is to enhance the well-being of the civilian workforce by initiating and maintaining positive health behavior change

Why become a Participant?

* Get paid to work out
* Improve your quality of life
* Turn motivation into a habit
* Develop positive lifestyle behavior through participation in a regular exercise program
* Stress Management & Weight Control
* Decrease risk factors associated with debilitating diseases
* Strengthen your bones and muscles

What support will be available?

* Health History Review
* Goal Setting
* Fitness Assessments (pre, mid, and post over a 6 month period)
	+ Blood Pressure Measurement
	+ Body Composition
	+ Cardiorespiratory Fitness
	+ Strength
* Basic Nutrition Education and Fitness Prescription

How to enroll?

* Pick up an enrollment packet at the Fort Hamilton Fitness Center or download the enrollment packet at hamilton.armymwr.com
* Complete enrollment packet

 □Employee/Supervisor Approval □ Informed Consent □ Health History Form □ Medical Approval Form (If necessary) o Pre-survey

* If you answered YES to one or more questions on the Health History Form, please use the Healthcare Provider Approval Form to obtain medical approval. Must be dated within 30 days of start date.
* Schedule fitness consultation

Who Should I contact?

To schedule an appointment for an assessment or program questions contact: Fort Hamilton Fitness Coordinator, Family & Morale, Welfare, and Recreation (718) 630-4935 or forthamiltonfitness@gmail.com

### Fort Hamilton Civilian Fitness Program

### Employee/Supervisor Agreement

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

Directorate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We understand and agree that (employee name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be participating the Command-sponsored Civilian Fitness Program up to 3 one-hour sessions per week and enrolled in a continuous program. There will be a three assessment process. We understand and agree that the specified exercise location will be the place of duty during authorized exercise periods, as follows: exercise periods will be on the following days of the week \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, at the following inclusive time \_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_, and at the following location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We also understand and agree that:

* You have the opportunity to dis-enroll and re-enroll at a later time.
* Exercise sessions will start and finish on the installation where the employee is located.
* Exercise days times, and/or locations may be periodically amended only with prior approval of the supervisor, and amendment of this agreement.
* Unused exercise hours may not be carried forward to subsequent weeks.
* The program end date is open and ongoing enrollment. Remember to exercise when on leave, temporary duty, or other reasons.
* No additional duty time is automatically authorized, (only if your supervisor approval) as part of this program, or pre-exercise preparation (e.g. changing clothes) prior to exercise periods, or for personal hygiene or “cooling down” following exercise periods.
* Specified exercise periods may not be used for any non-duty purpose. Any period or portion not used in actual fitness training and exercise will be spent in the normal duty workplace accomplishing normal duties.
* Exercise periods are official duty time. Failure to appear, inappropriate use of exercise time, or misconduct during these periods would be considered as workplace infractions occurring during normal duty hours, and would be subject to the same disciplinary actions.
* Employee understands that if he/she chooses to use Fitness Classes, Personal Trainers, Exercise Gear, etc. that the cost is his/her financial responsibility.
* Failure to complete the final assessment may result in an “incomplete” notification to be forwarded to your supervisor. Supervisors may, at their discretion, request that the time allotted for the program use “Administrative Leave” be replaced as “Annual Leave” if time goes over.

As participant, I, the employee, will sign in/out before and after exercising at the gym or with my supervisor. I understand that I must complete the final wellness assessment to complete the program. My supervisor and I understand that I am not authorized to start the Civilian Fitness Program until I receive my Civilian Fitness Program Enrollment Approval Form stating that I have met all requirements to begin the program.

I understand, that this is a continuous enrollment program, and certify that I am enrolled in the Civilian Fitness Program at Fort Hamilton Army Garrison.

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

Signature of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

### Fort Hamilton Civilian Fitness Program-Informed Consent

I desire to engage voluntary in an exercise program in order to attempt to improve my physical fitness and general health. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardiorespiratory system and thereby attempt to improve function. The reaction of the cardiorespiratory system to such activities can’t be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardio-respiratory fitness, body composition, flexibility, muscular strength and/or endurance. All exercise programs include warm-up, exercise, and cool-down. The programs currently include, but are not limited to, exercise testing, aerobic exercise and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the staff of the symptoms immediately.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my medical provider and obtain their approval prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless Fort Hamilton Family & Morale, Welfare and Recreation or its employees and agents, specifically personal trainers supporting any of these activities, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to , such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

I further acknowledge that I have read the below health history form and either have none of the identified issues and no other concerning health issues OR state that I will seek physician approval before starting a new fitness activity or dramatically increase my activity level (duration, frequency or intensity.) I understand this is my responsibility and that by not seeking medical approval to participate I am placing myself at risk and assuming ALL liability.

Participant Signature: Date:

Fitness Coordinator Signature: Date:

Person to Contact in Case of Emergency:

 (Name) (Relationship)

 (Phone Number)

### Fort Hamilton Civilian Fitness Program-Health History Form

Before engaging in a moderate physical conditioning program, it is required that you complete this form. 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.

1. Name: DOB: Age:\_\_\_\_\_\_

 2. Are you taking any medications or non-prescription drugs? (Please circle) YES NO

 If yes, please list (including supplements) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for taking medication listed? \_\_\_\_\_\_\_\_\_\_

3. Are you allergic to any medications? (Please circle) YES NO

 If yes, please list: \_\_\_\_

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

 a. Any chronic illness or conditions YES NO

 b. Recent surgery (last 6 months) YES NO

 c. Pregnancy (now or within last 3 months) YES NO

 5. Do you currently use tobacco products? YES NO

If yes, what do you use? (Please circle) Cigarettes Chew Tobacco Cigar

YES NO

□ □ 1. Do you feel pain in your chest, neck, jaw, or arm when doing physical activity?

□ □ 2. Do you experience any shortness of breath with moderate continuous exercise?

□ □ 3. In the last month have you felt chest pain at rest?

□ □ 4. Have you had any problems with light-headedness or dizziness?

□ □ 5. Do you have a known cardiac (heart) disease or hypertension (high blood pressure)?

□ □ 6. Have you experienced episodes of rapid beating or fluttering of the heart?

□ □ 7. Have you unintentionally lost or gained more than 10 percent of your body

 weight since the last Physical Fitness Assessment cycle?

□ □ 8. Do you suffer from lower leg swelling?

□ □ 9. Do you have difficulty breathing or have sudden breathing problems at night?

□ □ 10. Do you have a bone, joint, or muscle problem that may prevent you from

 doing physical activity of any kind?

□ □ 11. Do you have any personal history of metabolic disease (thyroid, renal, liver)?

□ □ 12. Have you had a change in your medical history in the last 6 months?

□ □ 13. Are you currently pregnant or think you may be pregnant?

□ □ 14. Are you currently taking any medications or supplements?

□ □ 15. Are you prone to heat exhaustion or heat stroke?

□ □ 16. Do you know any other reason why you should not do physical activity?

 **YES to one or more questions 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.

If you answered any of the above questions with a “YES”, you must get a physician medical clearance form. Tell your doctor about this form and which question(s) you answered YES so that he/she can best advise you on your participation in a personal fitness program.

Fort Hamilton Civilian Fitness Program

 Medical Approval Form

(If determined necessary from the health history questionnaire)

Dear Health Care Provider,

Your patient , would like to enroll in the Civilian Fitness Program. Based on information that s/he completed on the Health History Questionnaire, s/he requires medical clearance from you prior to participating in this program. Please refer to the Health History Questionnaire Form for the specific item(s) in question. Please complete the Primary Care Manager Approval Form below and return it to your patient. Thank you very much in advance

If you have any questions, please contact Fort Hamilton Fitness a 718-630-4793 0163-254-3459.

### MEDICAL APPROVAL BY PRIMARY CARE MANAGER

Patient Name Phone

has medical approval to participate in the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercises. I also understand that participation is voluntary, allowing the participant to stop and rest at any time s/he 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):**

Primary Care Manager Signature Date

\*Must be dated within 30 days of start of program

Provider’s Name/Stamp

Office Telephone Number E-mail

Fort Hamilton Civilian Fitness Program - Pre Survey

**Nutrition Related Questions**

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? \_\_\_\_\_\_\_

2) How many times a day do you usually eat (including snacks)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Do you skip meals? YES NO 4) Do you eat breakfast? YES NO

4) Do you eat late at night? Sometimes Often Never

5) What activities do you engage in while eating? (TV, reading, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) How many glasses of water do you consume daily? \_\_\_\_\_\_\_\_\_\_\_\_\_

7) Do you feel drops in your energy levels throughout the day? YES NO If yes, when? \_\_\_\_\_\_

8) Do you know how many calories you eat per day? YES NO If yes, how many? \_\_\_\_\_

9) Are you currently or have you ever taken a multivitamin or any other food supplements? Y N

If yes, please list the supplements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10) At work or school, do you usually: Eat out Bring food

11) How many times per week do you eat out? \_\_\_\_\_\_\_\_\_\_\_\_\_

12) Do you do your own grocery shopping? YES NO

13) Do you do your own cooking? YES NO

14) Besides hunger, what other reason(s) do you eat?

 Boredom Social Stressed Tired Depressed Happy Nervous

15) Do you eat past the point of fullness? Often Sometimes Never

16) Do you eat foods high in fat and sugar? Often Sometimes Never

17) List 3 areas of your Nutrition you would like to improve:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goal Setting:**

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are ‘SMART’.

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you’ve reached your goals)

A= Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How will you feel once you’ve achieved these goals? Be specific.

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3. Where do you rate health in your life? Low priority Medium Priority High priority

4. How committed are you to achieving your fitness goals? Very Semi Not very

5. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fort Hamilton Civilian Fitness Program –Approval Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has applied to participate in the Civilian Fitness Program. The participant's application has been reviewed and is:

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

\_\_\_\_\_\_\_\_ Employee/Supervisor Agreement

\_\_\_\_\_\_\_\_ Informed Consent

\_\_\_\_\_\_\_\_ Health History Form

\_\_\_\_\_\_\_\_ Medical Approval Form (If indicated necessary by Health History Form)

\_\_\_\_\_\_\_\_ Pre- Survey

\_\_\_\_\_\_\_\_ Pre-assessment

The program starts for the participant on an agreed upon date and will conclude with a post assessment 6 months later. Fort Hamilton offers continuous enrollment and the program may be repeated for an additional six months.

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 6mo. later)

DATE: \_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fort Hamilton Fitness Specialist

Fort Hamilton Civilian Fitness Program

What to Bring and Do for Your Fitness Assessment

1) The fitness assessment will be conducted at the Fort Hamilton Fitness Center.

2) Drink plenty of water (64 ounces or more) daily for three days before your assessment.

3) Eat a light breakfast before coming to the assessment.

4) Do not drink caffeine or exercise at least 8 hours before your testing.

5) **Immediately upon waking, before getting out of bed, take your pulse at the carotid artery continuously for 1 minute and record. The number of beats in one minute with constitute your resting heart rate and is necessary to calculate your exercise intensity.**

BPM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Arrive on scheduled pre-assessment date within the timelines given.

7) Bring a pair of exercise shoes and proper workout clothes (t-shirt, shorts, etc.).

8) Bring a bottle of water.

9) Last, but not least, bring a good attitude and have fun!

**Order of Events**

1) Review of forms

2) Resting heart rate, blood pressure testing, health history review

3) Height, weight, waist-to-hip ratio, and body fat measurement

4) Cardio-respiratory Fitness: 3 minute step test

5) Flexibility test: Sit and Reach

6) Strength test: Push-ups and Plank

6) Check Out. You will receive your Participant Enrollment Approval Form. If approved, you are ready to start the Employee Wellness and Civilian Fitness Program.