



DEPARTMENT OF THE NAVY

NAVAL TRAINING CENTER
2601A PAUL JONES ST
GREAT LAKES, ILLINOIS 60088-2845

NTCGLAKESINST 6100.2A
N3
01 JULY 99

NTC GREAT LAKES (COMPLEX²) INSTRUCTION 6100.2A

From: Commander, Naval Training Center, Great Lakes

Subj: PHYSICAL FITNESS PROGRAM FOR CIVILIAN EMPLOYEES

Ref: (a) OPNAVINST 6100.2
(b) OPNAVINST 6100.1D
(c) OCPMINST 12792.4

Encl: (1) Civilian Physical Fitness Scheduling Form
(2) Consent and Release Form
(3) Physical Activity Readiness Questionnaire
(4) Civilian Medical Clearance Form

1. Purpose. To establish, implement and provide instructions for conducting a physical fitness program for civilian employees of all activities aboard the Naval Training Center, (NTC) Great Lakes.

2. Cancellation. NTCGLAKESINST 6100.2. This instruction has been substantially revised and should be reviewed in its entirety.

3. Background. References (a) through (c) provide general guidance and procedures for implementing a civilian employee physical fitness program and delegates authority for establishing a civilian employee physical fitness program to Commanding Officers.

4. Policy. A healthy lifestyle benefits all individuals, civilian and military, which in turn benefits NTC Great Lakes. Increased job performance, lower health care costs, decreased absenteeism, reduced turnover, and reduced levels of stress are but a few of the obvious benefits of the Health Promotion Program. Although not mandatory, all civilian employees are encouraged to participate in the Health Promotion Program elements provided by NTC, Great Lakes. This instruction provides command guidance for civilian participation in the physical fitness element of the NTC Health Promotion Program.

5. Action

a. Department Heads and supervisors will promote physical fitness by providing as much flexibility as possible in employee work hours to allow for maximum participation in the civilian employee physical fitness program.

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b. Civilian employees who elect to participate in the civilian employee physical fitness program will follow the guidance outlined in this instruction. Failure to completely follow these guidelines may result in individual employees being removed from participation in the program.

c. Enrollment in Civilian Employee Fitness Program: All civilian employees are encouraged to pursue a high level of fitness. Prior to participation in an on-duty physical fitness programs, civilian employees must adhere to the following requirements:

(1) Pick up an enrollment package from the Civilian Employee Fitness Program Officer or from the Wellness Center (2A).

(2) Complete the Civilian Physical Fitness Scheduling Form (enclosure 1), sign the Consent and Release Form (enclosure 2), answer all questions on the Physical Activity Readiness Questionnaire (PARQ) (enclosure 3), and have a Medical Clearance Form (enclosure 4) signed by a private physician. Employees should be prepared to discuss the PARQ with their physician.

(3) Upon completion of enrollment, employees are required to attend an orientation class. Employees will be notified of date, time and location of orientation class by the Civilian Employee Fitness Program Officer. The NTC Wellness Center will coordinate and offer the orientation classes on a monthly basis.

(4) Employees must undergo a physical fitness assessment. The American College of Sports Medicine (ACSM) Fitness test will be administered to evaluate cardiorespiratory fitness, muscular strength and endurance, flexibility, and body composition. Tests will be administered during the orientation class to establish employee's current fitness level. Participants will be reassessed annually, in May.

d. Types of Physical Fitness Activities: All on-duty physical fitness activities will be conducted on base. Physical fitness will normally include at least 20 minutes per workout of cardiovascular exercises such as aerobics, walking, jogging, and cycling along with other exercises such as muscular endurance and strength improvement.

e. Scheduling of Physical Fitness Activities: Civilian employees are authorized up to three hours a week (non-accumulative and limited to one-hour daily maximum) of duty time, when properly requested by the employee, for on-site physical conditioning.

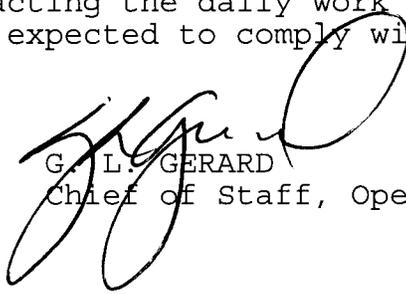
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Participants will submit a physical conditioning schedule, including type/location for physical conditioning activity, to their supervisor for approval. Approval by supervisors will allow maximum participation in consideration of workload and staffing levels. Departments will not be closed in order to allow participation in physical conditioning programs. Designated schedules will be worked out with supervisors; examples are as follows:

(1) Jogging and Weight Lifting: Three times a week for one hour each: Monday, Wednesday and Friday: 1500-1600.

(2) Aerobics/Triplex Workout Equipment: Three times a week for one hour each: Monday and Tuesday: 1530-1630, and Friday: 1500-1600.

All supervisors should ensure that employees adhere to approved schedules as circumstances and workload permit. Common sense must prevail, including use of supervisory discretion time as needed. The intent is to encourage employee participation on a long-term basis without impacting the daily work schedule. Participating employees are expected to comply with the intent of the schedule.



G. L. GERARD
Chief of Staff, Operations

Distribution:
NTCGLAKESINST 5216.5M
List I, II (Case A), III-A, B, C, VI, IX

CIVILIAN PHYSICAL FITNESS SCHEDULING

1. TYPE OF ACTIVITY PLANNED: _____

2. PHYSICAL FITNESS SCHEDULE (Limited to a maximum of 3 times per week, maximum one hour duration):

<u>DAY OF WEEK</u>	<u>TIME START</u>	<u>TIME COMPLETE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. SUBMITTED BY:

NAME: (Print) _____ WORK LOCATION: _____

DATE: _____ WORK PHONE: _____

SIGNED: _____
(Payroll signature)

4. REVIEWED BY: SUPERVISOR _____

DATE: _____ PHONE: _____

APPROVED _____ DISAPPROVED _____

REASON(S) FOR DISAPPROVAL _____

Note: Civilian employees are authorized up to 3 hours/week (non accumulative and limited to a maximum of 1-hour daily) for physical fitness activities as outlined in NTCGLAKESINST 6100.2 and as workload/scheduling permits.

CONSENT AND RELEASE FORM

I desire to participate in the Physical Fitness Program for Civilian Employees and willingly give my consent for evaluation of my present level of health and fitness. I further give permission for those health/fitness tests I've opted to take, that may include some or all of the following: Blood tests; fitness test for strength, endurance, flexibility, cardiovascular fitness; body composition; and other screening tests. I accept the responsibility of taking any appropriate actions indicated as a result of health problems or high risk indicators identified during testing. I understand the risks involved in testing and assume personal responsibility for my health and safety while participating in this program. I further release the sponsoring organization(s) from any health problems that may occur as a result of my participation.

I understand that in filling out the personal information blanks on the Physical Activity Readiness Questionnaire or signing my name below, I have given my consent and release as described above.

Participant's Signature

Date

Witness

Date

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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please answer the following questions to the best of your ability. Unless otherwise indicated, circle the single best choice for each question. All of your responses are completely confidential and may only be used in group summaries and/or reports.

PRIVACY ACT STATEMENT

AUTHORITY: OPNAVINST 6100.2, Health Promotion Program.
PRINCIPAL PURPOSES: This form is designed to gather information in a survey to determine the current health status of individuals participating in the Physical Fitness program for civilian employees.

ROUTINE USES: The department of the Navy will use this information to determine what current practices are, the effectiveness of preventive fitness measures and the best way to maximize health care and fitness services in the current environment. Any name or Social Security Number entered will only be used for identification.

DISCLOSURE: Disclosure is strictly voluntary, however, failure to complete the form may affect the participant's ability to enroll in the program.

Do you have any physical disabilities or limitations which would require special assistance with this questionnaire or with arranging/partaking activities? _____ If so, please describe:

Name: _____ Work Location: _____

SSN: _____ Age: _____ Date of Birth: _____

Gender: _____

Phone: _____

Enclosure (3)

1. Your doctor said you have a heart condition and recommended only medically supervised physical activity.
Y N
2. During or right after you exercise, you frequently have pains or pressure in the left or mid-chest area, left neck, shoulder, or arm.
Y N
3. You have developed chest pain within the last month.
Y N
4. You tend to lose consciousness or fall over due to dizziness.
Y N
5. You feel extremely breathless after mild exertion.
Y N
6. Your doctor recommended you take medication for your blood pressure or a heart condition.
Y N
7. Your doctor said you have bone or joint problems that could be made worse by the proposed physical activity.
Y N
8. You have a medical condition or other physical reason not mentioned here that might need special attention in an exercise program (such as insulin-dependent diabetes).
Y N
9. You are a male over age 40 or a female over age 50, have not been physically active, and plan a relatively vigorous exercise program.
Y N

If you answered yes to any of the questions, please describe.

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NAVAL TRAINING CENTER, GREAT LAKES
CIVILIAN EMPLOYEE FITNESS PROGRAM
MEDICAL CLEARANCE FORM

Participant's Name (type or print):

Please check the following and comment where appropriate:

_____ This individual may participate in an exercise program without restrictions.

_____ This individual may participate in an exercise program with the following restrictions.

Physician's Signature:

Physician's Printed Name and Stamp: _____

Date: _____ Address: _____

Phone: _____

I _____ (employees name) have reviewed the exercise recommendations suggested by the physician, understand the limits, and will abide by the recommendations.

Employee's Signature

Date

Enclosure (4)