

CIVILIAN EMPLOYEE
FITNESS PROGRAM
FT. BLISS, TEXAS

(Class 36 will have a new logo)

Civilian Employee Fitness Program (CEFP) Packet

Class #36

Name: _____

Welcome to the Fort Bliss Civilian Employee Fitness Program (CEFP)!
Your interest is truly appreciated and the process starts with the completion and submission of this packet. We will determine your level of fitness and guide you on your journey to a lifetime of health and happiness through daily exercise and good nutrition. Life is not about the amount of time that we live, but rather the quality of that time and how we use it in our lives and in the lives of those that we love.

After you correctly complete the application forms and required incoming assessment, you will be enrolled in the program. The assessment will include a profile of your cardio-respiratory, absolute and dynamic strength, flexibility, and body composition. During the full-day, class day, we will present you with your completed assessment and guide you for six-months in our structured program to increase and maximize fitness and healthy living.

This completed packet is due in Andy Vega's office no later than **Friday, 9 September 2022**, 1600 hours. His office is in Stout PFC, 2930 Cassidy Road, #109 and he can be contacted at andrew.e.vega.naf@army.mil or 915-568-5995. If he's not in, please slide the packet under his door. Late packets will not be accepted for Class #36. The Physician Clearance Form must be completed, dated, stamped by your physician, and included when you submit your packet.

Your initial assessment will begin at 0800 hours on **Monday, 26 September 2022 at Stout PFC, 2930 Cassidy Road**. You will be given instructions on how to prepare and what to bring during the week of **19-23 September** via e-mail. If you have any questions, please do not hesitate to contact me at john.d.barela2.naf@army.mil or 915-744-5201.

Sincerely,

John Barela

John Barela, M.S., CSCS, RSCC, TSAC-F
Director of Human Performance-US ARMY/MWR

HEALTH HISTORY FORM

Date _____

Name _____ **Age** _____ **T-shirt Size** _____

Emergency Contact
(Name and relation to you) _____
(Name and Telephone Number, include area code)

Resting Blood Pressure _____

Past and Present Personal Health History *(Check all that apply)*

- ☐ Disease of the Heart and Arteries
- ☐ High Blood Pressure
- ☐ Epilepsy
- ☐ Anemia
- ☐ Cancer
- ☐ Other Lung Diseases
- ☐ Diabetes (Type I or II)
- ☐ Abnormal Electrocardiogram (EKG)
- ☐ Angina Pectoris (Chest Pain)
- ☐ Stroke
- ☐ Abnormal Chest X-ray
- ☐ Asthma
- ☐ Orthopedic or Muscular Problems
- ☐ Other

If any of the above items are checked, please explain further and indicate any recommendations your doctor has made regarding exercise *(below)*:

_____

_____

_____

_____

Level of Physical Activity:

- ☐ **Yes** ☐ **No** Are you currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, group fitness classes, etc?
- ☐ **Yes** ☐ **No** Are you currently participating in weight training?
- ☐ **Yes** ☐ **No** Do you perform stretching exercises?

What describes your level of physical activity during the past 4-6 weeks?

- ☐ Very Active
- ☐ Occasionally Active
- ☐ Moderately Active
- ☐ Inactive

HEALTH HISTORY FORM *continued*

Please indicate any additional information, which you think, is important for us to know prior to fitness testing and evaluation or exercise:

_____

_____

_____

_____

Is there a family history of Heart Disease, Hypertension, Stroke, Diabetes, Heart Failure, Lung Disease or Epilepsy? ☐ **Yes** ☐ **No**

If YES, please provide information regarding who the relative is, the medical problem, and the age at onset or death:

_____

_____

_____

_____

☐ **Yes** ☐ **No** **Do you currently smoke?**

If ***YES***, how many cigarettes per day? _____

If you smoked in the past, when did you quit? _____

☐ **Yes** ☐ **No** **Are you currently taking medication prescribed by a physician?**

If ***YES***, indicate name of medication, dosage and reason for taking it:

_____

_____

_____

_____

_____

_____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name_____ **Date** _____

DOB _____ **Age** _____ **Home Number** _____ **Work/Cell Number** _____

Regular exercise is associated with many health benefits yet any change of activity may increase the risk of injury. Completion of this questionnaire is the first step when planning to increase the amount of physical activity in your life. ***Please read each question carefully and answer every question honestly:*** (*Check Yes or No*)

☐ **Yes** ☐ **No** Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?

☐ **Yes** ☐ **No** When you do physical activity, do you feel pain in your chest?

☐ **Yes** ☐ **No** When you were not doing physical activity, have you had chest pain in the past month?

☐ **Yes** ☐ **No** Do you ever lose consciousness or do you lose your balance because of dizziness?

☐ **Yes** ☐ **No** Do you have a joint or bone problem that may be made worse by a change in your physical activity?

☐ **Yes** ☐ **No** Is a physician currently prescribing medications for your blood pressure or heart condition?

☐ **Yes** ☐ **No** Are you pregnant?

☐ **Yes** ☐ **No** Do you have insulin dependent diabetes?

☐ **Yes** ☐ **No** Are you 69 years of age or older?

☐ **Yes** ☐ **No** 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 the questions you can be reasonably positive that you can safely increase your level of physical activity in a gradual manner. If your health changes and you would answer **YES** to any of the above questions, seek guidance from a physician.

Participant's signature_____ **Date**_____

INFORMED CONSENT FORM

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests, and participating in a variety of physical activities. The testing purpose is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions are voluntary and will be supervised and monitored by trained physical fitness specialists. The activities include, but are not limited to, walking, running, weight training, indoor cycling, Yoga, Gravity, and calisthenics performed on either a field or in a gymnasium.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat-related illness, abnormal heart beats, and abnormal blood pressure, and in some instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR, AED, and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete Health/Medical History information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. I understand that MWR/ Physical Fitness Specialists have reviewed my Health History form and when appropriate, make recommendations for me to modify my participation in physical activity during the course. I understand that it is my responsibility if I choose not to follow these recommendations.

In consideration of my application being accepted, I hereby, for myself, my heirs, personal representatives and executors waive, release and forever discharge and all rights and claims for loss or damages which I may have or hereafter accrue to me against the organizers and sponsors, for any and all injuries which might be suffered by me in this assessment. I attest and verify that I am able to start and complete this fitness assessment.

CEFP PARTICIPANT SIGNATURE	**DATE**

In the event of a medical problem, I further recognize that any medical care that may be required is my personal responsibility.

PHYSICIAN CLEARANCE FORM

Please return this form to John Barela or Andrew Vega.
E-mailed and faxed forms are unacceptable. This form must be signed and dated by your physician.

Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

TO THE PHYSICIAN: The individual named above has applied to the Fort Bliss Civilian Employee Fitness Program. The program will involve a pre- and post-fitness assessment that includes a bioelectrical impedance analysis (BIA), the 3-minute step test, sit and reach test, tests of dynamic strength (1 minute timed sit-ups and push-ups), absolute strength (bench press on a selectorized machine) and 1 mile walk for time. The actual program will be 3 times per week in 1 hour blocks for a total of 6 months. Guidance will be provided on exercise program design, nutrition, and aerobics, but the actual program will be determined by the participant. Please complete the following:

I have examined _____ on _____
(Client's name) *(Date of last exam)*

I have found the following:

☐ He/She may participate fully in a physical activity program consisting of cardiovascular, strength, and flexibility training without limitation.

☐ He/She may participate in a physical activity program with the following limitations. (***Please include a brief description of any medical condition which might affect his/her program with appropriate guidelines***):

_____

_____

☐ He/She should not participate in any physical activity program at this time without first consulting a physician for further testing and guidance.

If your patient is on any medication "that" may affect the heart rate or blood pressure response to exercise (elevating or suppressing) please indicate here:

_____

_____

Physician's Signature _____ **Date** _____

Please note: ***This record must be stamped with the physician's official stamp or be accompanied by a typed letter on the physician's letterhead documenting that an evaluation has been performed on the named client. The Physician Clearance Form will not be accepted without such proper verification.***

EMPLOYEE AGREEMENT

Please print all items below legibly! ***Make a copy for your records and return it to your supervisor. You are not enrolled until you are medically cleared for the assessment and complete the assessment to satisfactory standards.***

Employee Name _____ **Govt Email** _____

Address _____

Work Phone: _____ **Fax Number:** _____

Supervisor Name _____ **Govt Email** _____

AGREEMENT

1. We understand and agree that: _____ *(Employee name)* will be participating in the command-sponsored Civilian Employee Fitness Program (CEFP) for three 1-hour sessions each week for a total of 78 hours over the consecutive 6-month period beginning on: **26 September 2022** and ending **10 March 2023**. **Wednesday, 28 September 2022 will be a full-day from 0800 to 1600 and is not figured into the 78 hours, but is Administrative Leave Time.** We understand and agree that the specified exercise location will be the place of duty during authorized periods, as follows: exercise periods will be on Monday/Wednesday/Friday from 1130 to 1330, at Ironworks West Gym. The actual exercise period is 1200 to 1300 and the ½ hour on either side of 1130-1330 is to allow for arrival/dressing out and shower/departure time.

2. We also understand and agree that:

a. The following are examples that may be individually amended or deleted according to the sponsoring Commander's/ Supervisors guidance. (*This list is not necessarily all-inclusive*).

- Exercise days, times, and/or locations may be periodically amended only with prior approval of the Commander/Supervisor, and amendment of the agreement.
- Unused exercise hours may not be carried forward to subsequent weeks.
- The program end date will not be extended to make up for exercise periods missed because **LEAVE, TEMPORARY DUTY**, or other reasons.
- No additional duty time is automatically authorized, as part of this program, i.e., Exercise Preparation (e.g. Changing Clothes) prior to exercise, Personal Hygiene or Cooling Down following exercise periods.
- Specified exercise periods may not be used for non-duty purposes. Any period or portion thereof 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 duty hours, and would be subject to the same disciplinary actions.

3. As a participant, I, the employee will sign-in and out on the exercise days with the Physical Fitness Specialist conducting the exercise program. I agree to file my workout tracking log with the Civilian Employee Fitness Program instructors and will make available to my employer my attendance log upon demand.

Employee Signature _____ **Date:** _____

Supervisor Signature _____ **Date:** _____

IRONWORKS GYM
36
FORT BLISS, TEXAS
Department Of
Human Performance

WHAT TO BRING AND DO FOR YOUR FITNESS ASSESSMENT

1. The fitness assessment will be done at Stout PFC, 2930 Cassidy Road.

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

3. 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 will constitute your resting heart rate and is necessary to calculate your exercise intensity.

4. Be here at **7:45 a.m.**

5. Bring a good pair of running or walking shoes and proper workout clothes (t-shirt, shorts, etc.)

6. Bring a bottle of water (16 ounces) and a small towel.

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

ORDER OF EVENTS

Overview and explanation to clients

Review of forms

Resting heart rate

3 minute step test

Sit and reach test

Push-ups

Sit-ups

Bench press

1-mile walk for time