



UNITED STATES MARINE CORPS
MARINE CORPS BASE HAWAII
BOX 63002, KANEHOHE BAY, HAWAII 96863-3002

IN REPLY REFER TO:
BaseO 12792
HRO
31 DEC 2008

BASE ORDER 12792

From: Commanding Officer
To: Distribution List

Subj: MARINE CORPS BASE (MCB) HAWAII WELLNESS PROMOTION PROGRAM

Ref: (a) Civilian Human Resource Manual, Subchapter 792.4

Encl: (1) Civilian Physical Fitness and Wellness Agreement
(2) Fitness and Wellness Schedule of Events and Sponsored Programs

1. Situation. Commanding Officer, MCB Hawaii policy is to promote good health and quality of life for active duty, reserve, federal civilian employees and family members of this command. This program encourages personnel to live healthy lives, maintain balance in family and work life and promotes a command fitness culture.

2. Mission

a. Participation in sponsored health and wellness activities is voluntary and open to all military and civilian personnel. Health promotion, education and motivational programs will be disseminated by email, newsletters or news articles. To make best use of resources, personnel should maximize the use of installation Marine Corps Community Services (MCCS) facilities and Naval Health Clinic Hawaii health promotion events that arise throughout the year.

b. All personnel are encouraged to participate in the Health Risk Assessment that will assist in determining health promotion program efforts, serve as a baseline assessment and help evaluate effectiveness of the health promotion program. The link to the appraisal will be distributed by the Human Resource Office (HRO) annually. Results will be reported in summary form without personal identifying data.

(1) Managers and supervisors may grant excused absences for civilian employees up to three hours a week during normal working hours for participation in a sponsored program or event. Civilian employees who wish to participate in a physical fitness program must complete a Physical Fitness and Wellness Agreement, enclosure (1), obtain supervisor approval and forward to the HRO at the beginning of each 90-day increment. It is the responsibility of each participant to consult a physician before beginning any exercise program. As an option, a participant may annotate on enclosure (1) their desire not to consult with a physician. Enclosure (1) outlines policy and guidance on excused absences, leave flexibilities, timekeeping and procedures in case of a safety mishap. Sponsored programs are identified in enclosure (2).

(2) Family members are welcome to participate in MCB Hawaii Health and Wellness activities, as well as command-sponsored MCCS events. Family members are responsible for adhering to MCCS policy regarding any associated membership privileges, age requirements and fees.

(3) While our contractor staff cannot participate in all command sponsored health and wellness events, they are an essential part of this command and will be included in all education, health promotion and wellness program announcements.

3. Execution. Command sponsored programs must be in 90-day increments in accordance with reference (a). Enclosure (2) provides a tentative annual schedule of programs and events. Schedule may be modified based on the results of the Health Risk Assessment.

4. Administration and Logistics. For questions or additional information concerning this program, contact HRO at 257-1336.

5. Command and Signal

a. Command. This Order is applicable to MCB Hawaii.

b. Signal. This Order is effective the date signed.



C. E. BLANCHARD
Chief of Staff

Distribution: A

CIVILIAN PHYSICAL FITNESS AND WELLNESS AGREEMENT

1. Participation in Marine Corps Base (MCB) Hawaii's Health and Wellness Program is strictly voluntary. This program uses official time to allow participation in an exercise program. As such, the rules of conduct concerning this program apply.
2. Excused absence. Supervisors may grant excused absences, up to three hours a week during normal working hours for those participating in this program. Unused time may not be accumulated. Excused absence is defined as the time from leaving the workplace until the time of return. It includes actual exercise time, shower time, travel time and time to dress. Authorized exercise times are the first hour of the workday, meal period and the last hour of the workday. For this purpose, excused absences should not interfere with or impede the progress of MCB Hawaii's mission. Supervisors may revoke participation, at any time, if any abuses identified are not immediately corrected.
 - a. Supervisors are required to approve and monitor personnel involvement and may limit participation to ensure organizational productivity. Due to the voluntary nature of the program, personnel choosing not to participate will not be allowed equal "time off." Managers and supervisors have the authority to take corrective action, when abuse is identified. Corrective action may include the withdrawal of participation privileges and appropriate administrative and/or disciplinary action.
 - b. Civilian employees may use a number of leave flexibilities available to them, including annual leave, leave without pay, excused absence, previously earned compensatory time off, sick leave (when appropriate regulatory conditions are met) or other work schedule flexibilities for attendance at activity-sponsored health and wellness promotion programs.
3. Timekeeping. Employees must record their participation in the Standard Labor Data Collection and Distribution Application (SLDCADA) using code "Excused Absence (LV) - JON UAA24." Employees will have to adjust their timecard for excused absences. Supervisors should annotate in the SLDCADA notepad that the employee is participating in a Health and Wellness program. Supervisors will determine and control employee participation and account for the employee's time and attendance in the fitness program's activity.
4. Procedures in Case of Injury. Injuries must be reported to the supervisor who must complete a safety mishap report. Injury Compensation for Federal Workers, Department of Labor Publication CA-810, 1/99 provides pertinent information on employee claims for compensation due to injury. All Federal Employees' Compensation Act (FECA) claims, filed as a result of participation in a Health and Wellness activity, must be filed through the Electronic Data Interchange (EDI) and are subject to final adjudication and decision as to coverage and benefit amounts by the Office of Workers' Compensation Program at the Department of Labor. An employee who is injured while engaged in an activity specifically identified in the Health and Wellness Program is covered under FECA benefits. However, an employee who is injured while engaged in a physical fitness activity, which is not part of the Health and Wellness Program, or is not sponsored or supported by MCB Hawaii, is not covered under FECA. Supervisors must inform HRO at 257-1376 of any injuries or mishap.

5. I plan to participate in the following activities during this 90 day program: _____

I plan to exercise on the following days and time: _____

6. I understand consulting my physician before beginning any exercise program is a wise decision; however, it is my decision to make.

() I have consulted with my physician and evidence of my physician's approval of my participation in the selected fitness activities has been given to my supervisor. I understand my supervisor will keep the information confidential and it will not be used for any other purpose.

() I choose not to consult with my personal physician. In lieu of a physician's approval, I have completed the below medical screening indicating there is no medical reason known to me prohibiting my participation in the activities I have selected.

Are you now accustomed to the level of exercise you wish to pursue? Yes No

Since your last physical, has there been:

a. A significant change in your history of heart disease or high blood pressure that required you to restrict your physical activity or seek medical treatment? Yes No

b. A significant change in the incidence of discomfort in your chest, arms or neck while exerting yourself or exercising? Yes No

c. A significant change in the incidence of fainting or feeling you were about to lose consciousness? Yes No

d. A significant change in any medical condition (such as diabetes, asthma or bone/joint disease) which might limit your participation in an exercise program? Yes No

e. A significant change in your family history such that mother, father, brother or sister had a heart attack or died of heart disease before they were 45 years old? Yes No

f. A significant change in your weight? Yes No

g. A significant change in your smoking habits where you now smoke more than two packs daily? Yes No

7. In signing this consent form, I affirm I have read this form in its entirety, and I understand the nature of this opportunity to participate in fitness activities. I also affirm my questions regarding this exercise activity have been answered to my satisfaction.

PLEASE PRINT THE FOLLOWING INFORMATION

NAME: _____ Date: _____

HOME ADDRESS: _____

NAME OF PERSONAL PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE: _____

LIMITATIONS AND MEDICATIONS: _____

SIGNATURE OF PHYSICIAN (Approving participation in Fitness Program):

_____ DATE: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

I approve use of excused absence for the above employee to participate in the Health and Wellness Program activities listed above.

SUPERVISOR (Print) SUPERVISOR (Signature) Date

FITNESS AND WELLNESS SCHEDULE OF EVENTS AND SPONSORED PROGRAMS

1. Segment 1: January - March.

Healthy Weight/Nutrition Management
Healthy Heart
2009 Presidents Challenge
Nutrition and Physical Fitness
Facilities and Individual Exercise Programs

2. Segment 2: April - June.

Cancer Prevention
Asthma and Osteoporosis
Sexual Health/Sexually Transmitted Diseases (STDs)
Civilian Employee Assistance Program (CEAP)
Dental Health
Facilities and Individual Exercise Programs

3. Segment 3: July - September.

Summer Safety
Fireworks Safety
Men's Health Month
Blood Cholesterol Education
Prostate Cancer Awareness
Facilities and Individual Exercise Programs

4. Segment 4: October - December.

Alcohol and Drug Awareness
Diabetes
Tobacco Awareness and Great American Smokeout
Women's Health
Mental Health (Stress/Suicide/Depression)
Facilities and Individual Exercise Programs