

# USACHPPM

## Directorate Health Promotion and Wellness Fitness and Nutrition Worksite Wellness Program

**To:** *TARGETING FITNESS Participant*

**From:** [name of coordinator], Worksite Wellness Coordinator

**Date:** [date]

**Re:** ***TARGETING FITNESS Participant Guide***

It is with much eagerness that I welcome you to the civilian fitness program, *Targeting Fitness (TF)*. Enclosed is the newly up-dated **Participant Guide**. It includes the course agendas, required forms, assessment charts, exercise and dietary prescriptions, and the daily and monthly logs.

Several **required pages** must be completed BEFORE you can be officially registered in the program. It will facilitate the first part of your **initial fitness assessment** if you have these completed BEFORE you arrive at [location] on **[date of assessment]**. You will also find it helpful to have read the first section (pages 40-45) before coming to the initial fitness assessment. The specific pages that must be completed are listed below:

- ❖ Informed Consent (pg. 47- 48)
- ❖ Medical Considerations Questionnaire (pg. 49)
- ❖ Health History Questionnaire (pg. 50)
- ❖ Symptom Inventory Checklist (pg. 51-53)
- ❖ Physician Referral/Approval Form (mandatory if you have answered YES to any questions on Medical Considerations or Health History Questionnaires) (pg. 54-55)
- ❖ Memorandum of Understanding for Participant (pg. 56)
- ❖ Memorandum of Understanding for Supervisor (pg. 57)

The second part of the **fitness assessment will be completed by individual appointment using the MicroFit equipment at [location]. Please call [name of coordinator] this week to set up a time for this.** It takes approximately 45 minutes to complete the assessment.

Other important dates to remember are:

**[date of orientation] – TF Orientation** at [starting time] at [location]

**[date of introduction] – MANDATORY TF Introduction** to Fitness and Nutrition from  
[suggested 4-hour time frame] at [location]