



UNITED STATES MARINE CORPS  
MARINE CORPS AIR STATION  
BEAUFORT, SOUTH CAROLINA 29904-5001

IN REPLY REFER TO:  
ASO 6100.1  
CO  
22 Apr 19

AIR STATION ORDER 6100.1

From: Commanding Officer, Marine Corps Air Station Beaufort  
To: Distribution List

Subj: EMPLOYEE HEALTH AND WELLNESS PROGRAM

Ref: (a) OCPM Instruction 12792.4

Encl: (1) Risk Factor Assessment

1. Situation. Reference (a) authorizes agencies to consider establishing wellness and physical fitness programs, within the limits of appropriations, as a means of enhancing employee productivity, well-being, and organizational effectiveness.

2. Mission. To establish policy, procedures, and responsibility for administration of the Civilian Health and Wellness Program for Marine Corps Air Station (MCAS) Beaufort Appropriated Fund (APF) employees.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To inform all APF employees aboard MCAS Beaufort of the Civilian Health and Wellness Program procedures, responsibilities, and time reporting instructions.

(2) Concept of Operations

(a) Non-bargaining APF employees, workload permitting, may be granted up to 30 minutes per day "matching" time, with the daily lunch break, for physical fitness or health and wellness classes. Matching time cannot be carried over from one day to another. Bargaining APF employees have the option to use either this program or the current Semper Fit Health Promotions Program.

(b) Mission accomplishment will take precedence and immediate supervisors will manage their employees' participation in the program. Employee participation will remain voluntary.

b. Subordinate Element Tasks

(1) Prior to participating in the Civilian Health and Wellness Program, employees must complete enclosure (1) and return to their supervisor. If any risk factors are identified, the employee shall visit the Occupational Health Physician or their personal physician to obtain approval to participate in a safe exercise program. The health provider will provide guidance regarding appropriate exercises to be executed.

(2) Supervisors are required to sign and maintain enclosure (1) to acknowledge receipt and approval of participation in the program. Supervisors

will ensure enclosure (1) includes a physician's signature if any risk factors are identified.

(3) Supervisors shall annotate on each APF employee's timesheet the amount of time devoted to the Civilian Health and Wellness Program. The code used for time and attendance record will be THC "LN" and EHZ "PF" for each day the employee participates in the program.

(4) All bargaining APF employees eligible to participate in the current Semper Fit Program will remain eligible to participate. Bargaining APF employees authorized to participate in Semper Fit will continue to follow the requirements as outlined in the Semper Fit Program, with approval of their supervisor. Time and attendance recorded for Semper Fit will be the same codes as annotated in paragraph 3.b.3.

4. Administration and Logistics. Not applicable.

5. Command and Signal

a. Command. This Order is applicable to all APF employees aboard MCAS Beaufort.

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

  
T. P. MELLER

DISTRIBUTION: A

# RISK FACTOR ASSESSMENT

## PRIVACY ACT

Information contained on this form is maintained under the Systems of Records Notice DHA 07, Military Health Information System (March 30, 2006, 71 FR 16127). **AUTHORITY:** DoD Health Information Privacy Regulation, 10 U.S.C. 1071-1085 and Reporting of Information, 10 U.S.C. 1097a and 1097b. **PRINCIPLE:** Selected electronic data elements extracted from the Defense Enrollment and Eligibility Reporting System (DEERS) beneficiary and enrollment records that include data regarding personal identification including demographic characteristics. **PURPOSE:** Data collected within and maintained in the system is used for patient administration (including registration, admission, disposition and transfer); patient appointing and scheduling delivery of managed care; workload and medical services accounting, and quality assurance. **ROUTINE USE:** Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records and information contained therein may be disclosed outside the DOD as a routine use pursuant to 5 U.S.C. 552a (b)(3). **DISCLOSURE:** Mandatory for computer matching.

From: \_\_\_\_\_

To: \_\_\_\_\_

I understand and agree that I must complete the risk factor screening questionnaire below honestly. Should any risk factor be determined for participation in certain activities, I agree to see the Occupational Health Physician for a release to participate in Command-sponsored physical fitness programs. Once an exercise program has been established for me, I agree to adhere to any limitations.

QUESTIONS	YES	NO
Has a doctor ever said that you have heart trouble, or have you ever had a heart attack?		
Do you have pains or pressure in the chest, neck, shoulders, or arms during or right after you exercise?		
Do you often feel faint, have spells, or severe dizziness?		
Has a doctor said that you have bone or joint problems such as arthritis, which might be aggravated by exercise?		
Do you have a family history of premature coronary artery disease (heart attack or chest pain prior to age 50)?		
Do you have a medical condition not mentioned above that might need special attention in an exercise program (i.e., insulin dependent diabetes)? If yes, please name your condition: _____		
Have you ever smoked one or more packages of cigarettes per day for 10 or more years?		
Are you medically diagnosed as obese?		

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OCCUPATIONAL HEALTH PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OR

PERSONAL PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PHYSICIAN'S COMMENTS:**