

6000
22 March 2021
ADJ/MLC

MEMORANDUM FOR THE RECORD

Subj: MCIEAST-MCB CAMLEJ ORDER 6000.1, CIVILIAN HEALTH AND WELLNESS PROGRAM

1. This Order has been reviewed and this Command understands requirements for revision. Although non-compliant for revision every six years, this Headquarters is awaiting further direction from HQMC with regards to such programs before changing or canceling the standing Order due to civilian related programs, union effects, and other personnel matters that would be directly affected by revision or cancellation.

Prepared by: Major Melinda Cousins, G-1 Deputy Adjutant, (252)-259-2809

Approved by: Mr. Tim Froemming, G-1 Adjutant, (910)-451-3033



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
PSC BOX 20005
CAMP LEJEUNE NC 28542-0005

MCIEAST-MCB CAMLEJO 6000.1
MCCS

28 JAN 2013

MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE ORDER 6000.1

From: Commanding General
To: Distribution List

Subj: CIVILIAN 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. Cancellation. BO 6000.1.

3. Mission. To establish policy, procedures, and responsibility for administration of the Civilian Health and Wellness Program for Marine Corps Base, Camp Lejeune (MCB CAMLEJ) Appropriated Fund (APF) employees and Nonappropriated Fund (NAF) employees.

4. Execution

a. Commander's Intent and Concept of Operations

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

(2) Concept of Operations

(a) APF and NAF employees, if workload permits, may be granted up to 30 minutes per day "matching" time with their daily lunch break time for physical fitness or to attend health and wellness classes. Matching time cannot be carried over from one day to another.

(b) Approval will be discretionary and mission accomplishment will take precedence. At times, employees will be precluded from participation in the program due to workload. The immediate supervisor will determine the number of days an employee can participate. This is a voluntary program.

b. Subordinate Element Missions

(1) Prior to participating in the Civilian Health and Wellness Program, employees must complete enclosure (1) and return it to their supervisor. If any risk factor is returned positive, the employee is required to visit the Occupational Health Physician, or their personal physician, to obtain approval to participate in a safe exercise program, indicating the type of exercise in which the employee may participate.
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(2) To acknowledge receipt and approval to participate in the program, supervisors are required to sign and maintain enclosure (1). If a work center has 10 or more employees who would like to participate in the Civilian Health and Wellness Program, the supervisor can call the Occupational Health Clinic to schedule a screening day. A physician or nurse from the Occupational Health Clinic will visit the work area and provide the screening.

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

5. Administration and Logistics. Not Applicable.

6. Command and Signal

a. Command. This Order is applicable to all APF and NAF employees aboard MCB CAMLEJ.

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



D. L. THACKER, JR.
Deputy Commander

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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: