



COMDTINST M6200.1E
20 JUL 2018

COMMANDANT INSTRUCTION M6200.1E

Subj: COAST GUARD HEALTH PROMOTION MANUAL

- Ref: (a) Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series)
(b) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
(c) Coast Guard Periodic Health Assessment (PHA), COMDTINST 6150.3 (series)
(d) Risk Management (RM), COMDTINST 3500.3 (series)
(e) Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6230.5 (series)

- PURPOSE.** This Manual establishes policy, assigns responsibilities, and provides guidelines regarding physical fitness, nutrition, stress management, weight management, health risk reduction, substance abuse prevention, and unit health promotion program planning. It clarifies the roles and responsibilities of Commandant (CG-1111), the Health, Safety, and Work-Life Service Center (HSWL SC), Substance Abuse Prevention Specialists (SAPS), the Substance Abuse Prevention Program Supervisor (SAPPS), Command Drug and Alcohol Representatives (CDAR), Culinary Specialists (CS), and Health Services (HS) personnel.
- ACTION.** All Coast Guard (CG) unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements will comply with the provisions of this Manual. Internet release is authorized.
- DIRECTIVES AFFECTED.** Coast Guard Health Promotion Manual, COMDTINST M6200.1D, is cancelled.

DISTRIBUTION – SDL No. 168

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NON-STANDARD DISTRIBUTION:

4. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance for CG personnel and is not intended to nor does it impose legally-binding requirements on any party outside the CG.

5. MAJOR CHANGES.
 - a. Changes to Chapter 7.
 - b. Removal of Enclosure (1), Definitions, Commonly Used Terminology, and Resources.

6. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.
 - a. The development of this Manual and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, Commandant (CG-47). This Manual is categorically excluded under current Department of Homeland Security (DHS) categorical exclusion (CATEX) A3 from further environmental analysis in accordance with "Implementation of the National Environmental Policy Act (NEPA), DHS Instruction Manual 023-01-001-01 (series).
 - b. This Manual will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policy in this Manual must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Department of Homeland Security (DHS) and Coast Guard NEPA policy, and compliance with all other applicable environmental mandates.

7. DISTRIBUTION. No paper distribution will be made of this Manual. An electronic version will be located on the Coast Guard Directives System (CGDS) sites located at: Internet: <http://www.dcms.uscg.mil/directives>; and CG Portal: <https://cgportal2.uscg.mil/library/Directives/SitePages/Home.aspx>.

8. RECORDS MANAGEMENT CONSIDERATIONS. This Manual has been evaluated for potential records management impacts. The development of this Manual has been thoroughly reviewed during the Directives clearance process, and it has been determined there are further records scheduling requirements, in accordance with Federal Records Act U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and the Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirement.

9. DEFINITIONS. Resources, definitions, and commonly used terminology are provided in Enclosure (1).

10. FORMS/REPORTS. The forms referenced in this Manual are available in USCG Electronic Forms on the Standard Workstation or on the Internet: <http://www.dcms.uscg.mil/directives> or CGPortal: <https://cgportal.uscg.mil/delivery/Satellite/CG611/FORMS>.

11. REQUESTS FOR CHANGES. Units and individuals may recommend changes in writing via the chain of command to: COMMANDANT (CG-111), U. S. COAST GUARD STOP 7907, 2703 MARTIN LUTHER KING JR. AVE SE, WASHINGTON DC 20593-7907.

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CHAPTER 1. HEALTH PROMOTION PROGRAM OVERVIEW

- A. Introduction. Research shows that organizations that implement health promotion policies and programs experience significantly lower health care costs, fewer disability claims, decreased absenteeism and increased productivity, morale, and retention. The CG Health Promotion Program (HPP) attempts to adhere to recommendations made by the U.S. Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (HHS), Healthy People 2020 national goals, scientifically reputable health organizations, and the Department of Defense (DoD). The core elements of the CG HPP are:
1. Health promotion programming.
 2. Disease prevention and health risk reduction.
 3. Nicotine abstinence
 4. Physical fitness.
 5. Nutrition and weight management.
 6. Stress management.
 7. Substance abuse prevention.
- B. Overview. A healthy and fit CG workforce is critical for optimal mission performance. An abundance of research shows that lifestyle factors such as dietary choices, exercise habits, stress management methods and alcohol/tobacco use are key determinants of health outcomes, risk of injury, and work performance. Implementation of this program helps participants stay physically fit for duty, maintain a healthy weight, and reduce risks attributed to lifestyle imbalances. The program also helps commands establish a work environment that supports healthy life practices. Collectively, program elements help ensure that the CG workforce is able to fulfill mission requirements and help members live healthy, balanced, and satisfying lives.
- C. Policy. All CG Active Duty (AD) and Selected Reserve (SELRES) members are required to adhere to CG physical activity, weight and body fat standards. In addition, these members, as well as civilian personnel, are strongly encouraged to adopt a healthy lifestyle including eating nutritious foods that enhance performance, avoiding nicotine use, getting enough sleep, using alcohol responsibly, obtaining preventive evidence-based screening tests, and learning how to effectively manage stress. Based on the principle that leadership plays an integral part in a successful HPP, commanding officers and officers-in-charge are required to implement and adhere to all policies contained herein, particularly the requirements to annually review the Commanding Officer's PHA Report. The following entities are responsible for implementation of the policies in this Manual:

1. Accession Points and Training Centers. Training Center Cape May, Training Center Yorktown, Training Center Petaluma, Aviation Training Center Elizabeth City, Officer Candidate School, and the CG Academy are required to include health promotion training in their curricula.
 2. Leadership and Class A and C schools. The Chief Petty Officer Academy and Chief Warrant Officer Professional Development School will include health promotion curricula in their training schedules. In addition, an introduction to the HPP is provided during designated Class “A” and “C” schools. The curricula at Culinary Specialist Class “A” and “C” schools will incorporate health promotion elements, with a strong emphasis on nutrition.
 3. Command and Unit Level. Endorsement and visible support by command leadership (commanding officer, executive officer, officer-in-charge, command master chief, and executive petty officer) is critical for the success of the HPP at the unit level.
- D. Duties and Responsibilities. This Section outlines the duties and responsibilities for overall program development. Refer to the succeeding Chapters for specific guidance related to each program element.
1. Commandant (CG-11). The Health, Safety, and Work-Life (HSWL) Directorate serves as authority over the policy and programs outlined in this Manual, which are managed by Commandant (CG-111), the Office of Work-Life.
 2. Commandant (CG-1111). The Behavioral Health Services Division of the Office of Work-Life Commandant (CG-111) provides leadership and oversight for all division functions. Commandant (CG-1111) will:
 - a. Policy.
 - (1) Develop vision and a strategic plan for the HPP.
 - (2) Initiate changes to this Manual in response to organizational needs and to reflect changes in best practices and advances in health promotion.
 - b. Program Development.
 - (1) Serve as liaison to external partners including the Department of Homeland Security (DHS), DoD, HHS, inter-agency health promotion stakeholders, and other national health organizations.
 - (2) Inform key stakeholders within Commandant (CG-11) of health promotion priorities and required action.

- (3) Establish quality improvement measurement standards in collaboration with the HSWL Service Center (HSWL SC) to evaluate health promotion field operations.
 - (4) Provide oversight for research and evaluation of the health-related behavior of CG personnel.
- c. Resource Management.
- (1) Secure funding and provide financial oversight for Behavioral Health Services Division programs.
 - (2) Work collaboratively with the HSWL SC to identify HSWL Regional Practice (RP) staffing requirements and develop resource proposals to meet those needs.
 - (3) Develop the funding structure for the Behavioral Health Services Division and communicate funding responsibilities to the Health Promotion Program Manager (HPPM), and HSWL SC.
- d. Marketing.
- (1) Communicate to leadership the functional benefits of the program to operational readiness.
 - (2) Oversee the development of the communication and marketing plan to ensure concise and consistent promotion of program vision, services, and benefits.
 - (3) Use a variety of media and technology to communicate program goals and objectives, policy, initiatives, and expected outcomes.
3. Health Promotion Program Manager (HPPM). The HPPM, under the direction of the Behavioral Health Services Division Chief, will:
- a. Program Development.
- (1) Develop and disseminate the annual HPP business plan.
 - (2) Serve as liaison to the Office of Military Personnel, Commandant (CG-133), on health promotion issues associated with weight and body fat standards for military personnel, as directed by Reference (a).
 - (3) Serve as the physical fitness subject matter expert to CG programs internal and external to Commandant (CG-11).

- (4) Serve as liaison to the HSWL SC to support policy initiatives and collaborate on all aspects of program implementation and evaluation.
 - (5) Work in collaboration with the CS Program Manager, the Substance Abuse Prevention Program Manager (SAPPM), and the Morale, Well-being, and Recreation (MWR) Program Managers on cross-program initiatives to ensure consistent implementation and management.
 - (6) Facilitate the development, evaluation, and implementation of education programs and training curricula in concert with FORCECOM to improve health-related behavior.
 - (7) Develop and evaluate programs to improve the physical fitness of CG members and beneficiaries.
 - (8) Coordinate as appropriate to address HPP issues and emerging initiatives.
 - (9) Establish standards for the HPP.
 - (10) Develop initiatives for the HPP in collaboration with key stakeholders.
 - (11) Develop, disseminate, and analyze the program evaluation plan in collaboration with the HSWL SC.
- b. Policy.
- (1) Serve as the subject matter expert on all health promotion policy and provide policy interpretation to personnel.
 - (2) Develop and update HPP policies.
- c. Resources.
- (1) Evaluate and/or develop select standard reference and educational materials on HPP core elements
 - (2) Participate on HSWL SC hiring panels (if requested) regarding HPP core elements.
 - (3) Secure funding to support new initiatives, development, evaluation, and maintenance of the CG HPP.
- d. Training and Education. In conjunction with FORCECOM, work with all available resources to provide training to the field in program core elements of health promotions.

- e. Marketing.
 - (1) Develop a HPP communication/marketing plan to ensure concise and consistent promotion of program vision and services, to include monthly awareness campaigns and program initiatives.
 - (2) Develop messages to promulgate changes in health promotion policy and implement program initiatives.
 - (3) Provide program marketing guidance and materials regarding HPP core elements.
 - (4) Develop and maintain health promotion content on the Commandant (CG-111) website.
 - (5) Establish and maintain information networks, such as the health promotion site on the CG Portal.
 - (6) Prepare and deliver briefings on health promotion topics.
- 4. HSWL SC will:
 - a. Assist Commandant (CG-1111) in the development of the HPP business plan, marketing plan, measurement and evaluation.
 - b. Conduct quality improvement site visits with each HSWL Regional Manager (RM), in accordance with HSWL SC compliance inspection checklists.
 - c. Collect and report health promotion data quarterly to support Commandant (CG-1111) program evaluation efforts.
 - d. Analyze program data and provide Commandant (CG-1111) with a program summary report annually, and as requested due to emergent needs.
 - e. Participate in Commandant (CG-1111) teleconferences, meetings, and web-based trainings as appropriate.
 - f. Manage and disburse funds in collaboration with Commandant (CG-1111) to support health promotion field operations for targeted funded activities.
 - g. Serve as liaison to CG medical communities to support policy initiatives and collaborate with clinics and Independent Duty Health Services Technicians (IDHS).
- 5. Commanding Officers and Officers-in-Charge will:

- a. Provide Funding. Commands are authorized to use appropriated funds for unit health promotion programs as authorized by the Financial Resource Management Manual (FRMM), COMDTINST M7100.3 (series). Non-appropriated funds may also be available to support health promotion activities, as authorized in the Coast Guard Morale, Well-Being, and Recreation Manual, COMDTINST M1710.13 (series).
 - b. Develop Program Planning.
 - (1) Establish and actively support an environment that enables unit members to routinely engage in healthy lifestyle behaviors and make informed healthy choices. This includes, work time for physical fitness training, tobacco free-environment, healthy food choices, and stress and health risk reduction. Refer to the Health Promotion Resource page <http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Health-Promotion-Resources/> for information on particular topics.
 - (2) Review annually the Commanding Officer's PHA Report.
 - (3) Grant excused absences for active duty members and civilian employees to take part in one-time or occasional programs that are of short duration. Examples of these include: an officially sponsored federal fitness day event, an agency sponsored health screening, a fitness center orientation, or a smoking cessation program consisting of several brief classes. Any additional questions regarding the use of official duty time in health and fitness activities and its applicability to civilian employees should be directed to the servicing field Human Resources Specialist.
6. Culinary Specialist (CS). CSs have the fundamental knowledge and skills to prepare nutritious meals that meet the following guidelines. CSs will:
- a. Provide, wherever possible, nutrition information on menu items to enable patrons to make informed choices.
 - b. Serve portion sizes in accordance with ChooseMyPlate.gov.
 - c. Maximize use of healthy cooking techniques in meal preparation. Examples include:
 - (1) Baking versus frying.
 - (2) Steaming versus boiling vegetables.

- (3) Avoiding use of butter and lard or oils high in saturated fat (palm tree or coconut oils). The use of trans fats are prohibited per Food Service Manual, COMDTINST M4061.5 (series).
- (4) Maximizing use of whole grains (such as brown rice and whole wheat bread) versus processed and refined grains (such as white rice and white bread).
- (5) Offering fruit and vegetables for snacks versus chips and candy.

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CHAPTER 2. DISEASE PREVENTION AND HEALTH RISK REDUCTION

- A. Introduction. Early detection and prevention of health risk, disease, and injury is a key component of the HPP. One of the tools the CG uses to determine and maintain the health of our members is the Periodic Health Assessment (PHA). The PHA are evidence-based screenings administered by health care providers and is required for AD and SELRES personnel.
- B. Overview. Health Risk Assessments (HRA) are methods that provide information on personal and organizational health risks and specific guidance on how to reduce modifiable risk factors through behavior change. An HRA can generate a personalized report for the member and a summary report for the CG unit and the organization as a whole. The CG utilizes HRAs to enhance the health of the individual CG member and the organization. The HRA evaluates several key components of health behavior such as:
1. Nutrition and weight management.
 2. Physical activity.
 3. Risk reduction- alcohol, nicotine, and cardiovascular risk factors.
 4. Stress and sleep habits.
- C. Policy. The Annual Periodic Health Assessment, DD Form 3024, is a mandatory health behavior survey completed at least every 12 months by all military personnel during their PHA. It is a snapshot assessment that provides an overview of the health behaviors of each individual. Requirements and guidance for completion of the Annual Periodic Health Assessment, DD Form 3024, are found in References (b) and (c).
- D. Duties and Responsibilities.
1. Behavioral Health Services Division Commandant (CG-1111) will annually review the HRA data to establish program goals, identify health behavior trends in the workforce, and evaluate program effectiveness.
 2. HSWL SC will assist Commandant (CG-1111) to collect and analyze data.
 3. Commanding Officers and Officers-in-Charge will review summary PHA data periodically in order to:
 - a. Establish unit wellness goals and objectives that support overall unit mission readiness.
 - b. Plan, implement, and evaluate appropriate wellness interventions that ensure unit health and well-being. Contact the HSWL SC or HPPM for questions.

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CHAPTER 3. NICOTINE USE POLICY

- A. Introduction. This Chapter sets policies and procedures to control tobacco/nicotine use on all CG installations and bases, facilities, vehicles, ships, aircraft, and equipment. These procedures apply to all organizational elements, AD, SELRES, civilian employees, as well as all visitors, contractors and their personnel, and personnel of other agencies that operate within or visit CG facilities. For purposes of this policy, the terms “tobacco use” and “tobacco products” mean tobacco and nicotine products, including electronic or e-cigarettes, smoking (e.g., cigarette, cigar, and pipe), smokeless tobacco products (e.g., spit, lug, leaf, snuff, dip, etc.) and all other nicotine delivery systems and products as defined by Commandant (CG-1111) and or the CDC. Nicotine Replacement Therapy (NRT) products containing nicotine and approved for use by the Food and Drug Administration (FDA) are not considered “tobacco products.”
- B. Overview. Nicotine is a highly addictive psycho-active substance. Persons dependent on nicotine find it difficult to quit and often require multiple attempts using multiple intervention modalities to overcome the addiction. As with other substances of abuse, tobacco products generate physiological changes and cause significant health risks. To this end, tobacco cessation is not simply a “will power” decision, but rather requires appropriate medical and health behavior interventions. With this understanding in mind, the CG has implemented a variety of programs to help individuals remain tobacco-free.
- C. Policy. It is CG policy to discourage the use of all forms of tobacco products and to protect people from exposure to environmental tobacco smoke (ETS), unsanitary conditions created by the use of spit tobacco, and the potential addiction to nicotine products. The use of any tobacco product in public detracts from a sharp military appearance and is discouraged. Where conflicts arise between the rights of non-nicotine users and nicotine users, the rights of the non-user will prevail.
1. Workplace.
 - a. Use of tobacco products is prohibited by law for all members under the age established by the state the member is currently in.
 - b. It is the intent of the Commandant to create and maintain a nicotine-free environment throughout the entire CG workplace. To this end, “tobacco use” is prohibited in the workplace in order to protect the health of all persons, including nicotine users, from contact with tobacco or nicotine products. For purposes of this policy, the term “workplace” includes any area inside a building or facility, over which the CG has custody and control, where work is performed by military personnel, civilian employees, or personnel under contract to the CG.
 - c. The use of “tobacco products” is permitted only in designated areas. Tobacco use is prohibited at all times in all non-designated tobacco use areas on all CG facilities, bases, and installations. Commanding officers must designate appropriate sites for the use of tobacco products (smoking and smokeless) and ensure areas are clearly

marked. These areas must be at least 50 feet from the vicinity of building entrances and exits or areas in clear public view. It is up to the discretion of each commanding officer and officer-in-charge if and where these sites may exist. Note: Current nicotine use policies and practices must remain in effect for all CG civilian employees represented by a union. Changes to current policies and practices may only be made in accordance with statute and applicable negotiated agreements. To this end, tobacco use is prohibited in all outdoor spaces, under CG control, not designated as a tobacco use area.

- d. Where permitted, tobacco spit will be held in containers with sealing lids to prevent odor and accidental spills. Tobacco spit and other tobacco product residue will be disposed of in a sanitary manner which prevents public exposure.
- e. The use of all tobacco products is prohibited in all CG government vehicles (cars, trucks, buses, vans) by all personnel, military, civilian or auxiliary.
- f. The use of all tobacco/nicotine use is prohibited in all CG aircraft or any other aircraft contracted for use in CG operational/training missions.
- g. Cutters may designate a section of the weather deck as a tobacco use area (smoking and smokeless). Designated areas must be a sufficient distance away from entrances and exits, so as not to allow smoke to be drawn into the interior of the ship through doors, hatches, or air intake units/vents.
- h. Tobacco/nicotine will be used only during regularly scheduled breaks available to all personnel, which includes breaks during formal training. Additional breaks for members to use tobacco will not be permitted.
- i. The use of all tobacco/nicotine is prohibited by recruits at Training Center Cape May, Coast Guard Academy Cadets, and scholars (prep school students), and officer candidates at Officer Candidate School.
- j. Shore facilities will ensure designated tobacco/nicotine areas will be away from entrances and exits and will not be located in areas commonly used by non-tobacco users. Designated areas must be a sufficient distance away, at least 50 feet, so as not to allow smoke to be drawn into the indoor facility through door openings, windows, and air intake units/vents.
- k. The use of tobacco/nicotine is prohibited on small boats. The risk of ETS and hazardous material interactions is higher in these environments and every precaution should be taken to eliminate these risks.
- l. Tobacco/nicotine products will not be used while aboard or operating any CG machinery, equipment, craft, or vehicle.

2. Lodging, Dormitories, and Housing.
 - a. The Policy regarding tobacco use in CG controlled individual assigned family quarters is contained in the Coast Guard Housing Manual, COMDTINST M11101.13 (series).
 - b. Tobacco use is not allowed in CG controlled bachelor living quarters.
 - c. Tobacco use is prohibited in all common spaces of family housing units and CG controlled bachelor living quarters. Common space is defined as any space within a building that is common to occupants and visitors. These areas include, but are not limited to, corridors, laundry rooms, lounges, stairways, elevators, lobbies, storage areas, and restrooms.
 - d. If smoke or odor from tobacco products from a designated tobacco use area (smoking and smokeless) seeps into common areas, the rights of the non-user (including children) will prevail.
3. Recreational and CG Exchange Facilities. Workers and patrons are entitled to the same protection and consideration that is afforded to our personnel in the workplace. Accordingly, smoking in CG exchanges or MWR facilities or at MWR activities is prohibited unless a tobacco use area is designated.
4. Sales of Tobacco Products.
 - a. The sale of tobacco products from vending machines is prohibited.
 - b. The sale of tobacco products is prohibited to anyone under the age of 18 years unless superseded by state law.
 - c. The distribution and advertisement of tobacco products in CG facilities, publications, and official correspondence is prohibited.
- D. Tobacco Cessation Resources. In addition to CG resources, tobacco cessation programs may be available through local hospitals, clinics, Military Treatment Facilities (MTFs), TRICARE clinics, and national health websites. Many states offer tobacco quit-lines for telephonic support. Members are encouraged to use the program or service that best helps them achieve freedom from nicotine addiction. For military personnel be sure to check with TRICARE concerning any fees involved prior to treatment.
- E. Nicotine Replacement Therapy (NRT) and Tobacco Cessation Aids.
 1. TRICARE guidelines allow patients to obtain specified smoking cessation products at no cost through MTFs and the TRICARE Mail Order Program (TMOP). For more information on this smoking cessation program, contact your local MTF or the Work-life Tobacco Cessation Web-site: <http://www.dcms.uscg.mil/Our-Organization/Assistant->

[Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Health-Promotion-Resources/Tobacco-Cessation-Program/](#)

2. Each DoD or CG MTF establishes its own requirements for obtaining tobacco cessation aids and should be contacted directly (e.g., participation in a smoking cessation program).

F. Duties and Responsibilities.

1. Behavioral Health Division, Commandant (CG-1111), will:
 - a. Ensure CG wide tobacco awareness, education, and behavior change programs reflect the current state of tobacco cessation science to meet the needs of all categories of beneficiaries.
 - b. Establish program evaluation measures for tobacco cessation efforts throughout the CG.
 - c. Maintain a website that lists latest changes to the tobacco cessation policy and resources.
 - d. Generate messages and other CG wide marketing materials to support tobacco cessation efforts.
2. Commanding Officers and Officers-in-Charge will:
 - a. Administrative Support.
 - (1) Designate appropriate sites for the use of tobacco products (smoking and smokeless) and ensure areas are clearly marked. These areas will be at least 50 feet from the vicinity of building entrances and exits or areas in clear public view. It is up to the discretion of each commanding officer and officer-in-charge if and where these sites may exist. Note: Current nicotine use policies and practices will remain in effect for all CG civilian employees represented by a union. Changes to current policies and practices may only be made in accordance with statute and applicable negotiated agreements.
 - (2) Post notices at the entrance of all facilities that state smoking is not allowed except in designated areas.
 - (3) Enforce compliance with this policy and ensure each member of the command is familiar with this Manual.

b. Program Planning.

- (1) Actively promote tobacco avoidance and cessation by use of a variety of educational media and scheduling at least one annual all-hands tobacco awareness activity.
- (2) Ensure tobacco cessation programs address the use of smokeless tobacco products and other nicotine delivery systems and ensure that smoking restrictions do not promote the use of smokeless tobacco products.
- (3) Encourage members to use available tobacco cessation resources and when operations permit, allow members and civilian employee's time during the work day to engage in educational, prevention, and cessation activities via classroom, computer, and telephone.
- (4) Prohibit smokers from engaging in tobacco use during unscheduled break times that are not available to all crewmembers.
- (5) Hold tobacco users accountable for appropriately discarding smoking materials and/or spit tobacco.

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CHAPTER 4. PHYSICAL FITNESS

A. Introduction.

1. CG (AD and SELRES) personnel have a duty to be operationally ready to respond to situations affecting public safety and/or national security. A physically fit member has a greater chance of successfully meeting physical requirements and responding to higher stress levels in operational and emergency situations. Command and individual responsibilities with respect to physical fitness readiness are covered in this Chapter. Certain operational duty assignments (e.g., Maritime Safety and Security Teams and boat crews) have specific physical fitness requirements outlined in their respective program Instructions.
2. Physical activity also has beneficial effects for general health and wellness. Engaging in regular physical activity is an effective way to reduce stress, manage weight, decrease risk of disease and injury, improve physical appearance, and improve morale. Years of research categorically supports the premise that exercise leads to improved physical function, decreased risk of chronic disease, and decreased disability.

B. Overview. Physical fitness guidelines for general health as set forth by the CDC include:

1. Two hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (e.g., brisk walking) every week.
2. Muscle-strengthening activities on two or more days a week that work all major muscle groups (e.g., legs, hips, back, abdomen, chest, shoulders, and arms).

C. Policy. In order to have an operationally physically ready workforce, and to promote general health and wellness, the following policy applies.

1. All AD and SELRES, are required to develop Personal Fitness Plans, Form CG-6049. The completed Personal Fitness Plan (PFP) must be submitted to their supervisors in the months of April and October; the most current form must be kept on file or electronically saved by the member and supervisor. In addition, commanding officers/officer-in-charge must provide all AD personnel and reservist on active duty the opportunity to participate in fitness enhancing activities, as outlined in this Manual.
2. All AD members must:
 - a. Engage in fitness activity as outlined in their PFP, a minimum of 180 minutes per week. It is strongly recommended that the fitness plan include 150 minutes of cardiorespiratory activity and 30 minutes of strength training. These requirements are based on the guidelines summarized above in Paragraph 4.B. of this Manual.

- b. Physical activity should produce a training effect, as measured by a medium to vigorous level of intensity. (Refer to Enclosure (2) for examples of exercise intensity.)
 - (1) Because the effects of physical activity are cumulative, exercise sessions may vary in length, with a minimum of 10 minutes, in order to be beneficial. In general, physical activity sessions should be spread out over at least three days per week.
 - (2) If a member is unable to participate in fitness enhancing activity due to medical conditions, a Duty Status from their primary care manager to their current supervisor is required.

3. Reservists:

- a. Reservists, including members on Inactive Ready Reserve (IRR) and Active Status List (ASL), that are drilling for points or on active duty orders 31 days or more, must follow the above policy for AD members in Paragraph 4.C.2.
- b. All Ready Reservists are recommended to follow the guidance above in Paragraph 4.B.

4. For CG Academy Cadets: The Superintendent of the CG Academy must provide physical fitness standards for cadets through Regulations of the Corps of Cadets, Superintendent Instruction M5215.2 (series).

D. Duties and Responsibilities.

1. Behavioral Health Services Division, Commandant (CG-1111), must:

- a. Provide subject matter expertise for physical fitness policy across all programs both within and outside of the HSWL Directorate, ensuring the scientific and operational validity of program content and structure.
- b. Design educational, promotional and behavior change initiatives for improving the physical fitness of CG members and beneficiaries.

2. HSWL SC must assist Commandant (CG-1111) with evaluating physical fitness initiatives.

3. Commanding Officers and Officers-in-Charge. As an integral factor in mission readiness and an essential component of total wellness, physical fitness activities will be required at all levels of the command. To support this objective, commanding officers and officers-in-charge must:

- a. Ensure all members (AD and SELRES) complete the Personal Fitness Plan, Form CG-6049, [https://dcms.uscg.afpims.mil/publicmedia/2017/Jul/24/2001782086/-1/-1/0/CG 6049.PDF](https://dcms.uscg.afpims.mil/publicmedia/2017/Jul/24/2001782086/-1/-1/0/CG%206049.PDF) every April and October.
- b. Operations and workload permitting, allow all military members (AD and SELRES) time for exercise and physical activity a minimum of 180 minutes per week during normal working hours. Commands do not have to comply when the unit is on a tropical hours schedule or deployed; however, military members are still required to adhere to the 180 minutes per week exercise standards as outlined in Paragraph B.1. in this Chapter. Commanding officers of training centers may waive fitness enhancing activity and PFP requirements for military students if they determine course requirements fulfill the fitness enhancing activity requirement, or if fitness enhancing activity cannot be reasonably accommodated in the training schedule. In efforts to follow this policy, commanding officers and officers-in-charge may:
 - (1) Limit the working hours during which fitness activity may be performed to prevent or mitigate disruptions to unit or work-group efficiency and effectiveness.
 - (2) Exclude participation by incumbents of civilian employee positions assigned activities that cannot be paused during assigned working hours without adversely affecting work being performed by other members, employees or work-groups, due to activity interdependency.
- c. Reflect compliance with this policy in the member's personnel evaluation under health and wellness parameters.
- d. Consistent with the provisions of Paragraph.D.3.b of this Chapter, operations permitting, allow all civilian general schedule, wage grade, and senior executive service employees work time for voluntary participation in physical fitness activities in accordance with the following:
 - (1) Excused absences must not exceed 60 minutes, inclusive of time for showering and changing, on any given day, up to 180 minutes each week. Unused time must not carry over to any subsequent pay period. Excused absence can be combined with authorized breaks or in conjunction with the regularly scheduled lunch period with supervisory approval. It may not be used before an employee reports for duty or to allow for an employee's early departure. Participants must physically report to work before engaging in their fitness activity and must report back to work if the fitness activity is prior to departure at the end of the day.
 - (2) Excused absence of civilian employees for exercise must be recorded in Web TA or other approved time and attendance systems.
 - (3) Use of time for physical fitness activities by part-time employees should be prorated to correspond with the number of hours worked per pay period. When calculating such time, the number of hours worked bi-weekly should be divided

by 80 to come up with the percentage of the maximum time allowed for part-time employees. (Example: Employee works 40 hours per pay period 40 divided by 80 equals .50. .50 multiplied by 180 minutes (amount of time allowed to work out) equals 90 minutes per week.)

- (4) Physical fitness activities are subject to approval, based on office/team workload, operational tempo, or other mission priorities. The Commanding Officer will have the final authority to determine when (day and time) the employee may participate, and may modify or suspend participation without notice based on workload. Commands are strongly encouraged to support this program whenever possible.
- (5) Employees with a current unsatisfactory annual performance evaluation, or who are operating under a Performance Improvement Plan are prohibited from participation in the program. Further, whenever performance or conduct issues arise, the supervisor, at his/her discretion, may restrict, deny, or revoke employee participation in this program until the performance or conduct issues have been satisfactorily resolved. Failure to adhere to the program guidelines and procedures may result in disciplinary action.
- (6) An eligible employee must complete a Personal Fitness Plan, Form CG-6049, and submit it to his/her supervisor along with an electronic or written request to participate in physical activity. Employees can obtain this form at: <http://www.dcms.uscg.mil/directives>.
- (7) The supervisor will review the Personal Fitness Plan, Form CG-6049, and either approve or disapprove the request. Employees and supervisors may contact the HPPM via e-mail for guidance and/or assistance with completing, reviewing, and/or revising the Personal Fitness Plan, Form CG-6049.
- (8) The supervisor will maintain the approved request on file and provide the employee with a copy.
- (9) An eligible employee approved to participate in the program must maintain a current written or electronic log of their exercise activity. Employees can obtain a sample exercise log at: <http://www.dcms.uscg.mil/work-life/HealthPromotionResources/> or from the HPPM. The log must be provided to the supervisor upon request.
- (10) Employees voluntarily participating in the physical fitness program may be allowed to engage in activities located outside the confines of the CG base, installation, or facility. Examples of these activities include walking, jogging, biking, and working out at an offsite health facility.

CHAPTER 5. NUTRITION AND WEIGHT MANAGEMENT

- A. Introduction. There are individual and organizational benefits associated with personnel eating nutritiously and maintaining healthy weight and body fat composition. While compliance with Commandant weight standards supports a positive military appearance and promotes awareness of diet and exercise, members should work to achieve healthy standards that lower risk factors and maximize mission readiness.
- B. Overview.
1. Nutrition. A healthy diet supports maximum performance and fitness. It protects against disease and illness. When personnel are eating the right foods in the right amounts at the right time, performance opportunities are greatly enhanced. Low fat and cholesterol-free products are examples of foods that enhance health and reduce the risk of disease. A properly fed workforce is more mission ready and physically capable, which will typically result in lower health care costs. This is accomplished by focusing on:
 - a. Food intake for performance.
 - b. Caloric intake for successful weight management.
 - c. Policy that supports an environment for healthy food choices.
 2. Dietary Supplements.
 - a. A dietary supplement (DS) is a preparation intended to supplement the diet and provide nutrients, such as vitamins, minerals, fiber, fatty acids, amino acids, or micronutrients that may be missing or may not be consumed in sufficient quantities in a person's diet. DS's are consumed for many reasons, including weight loss/gain, muscle growth, physical performance enhancement and recovery, disease prevention, and to cure disease or illness.
 - b. Because DSs are not classified as either a food or a pharmaceutical product, they are not regulated by the FDA unless a product or ingredient is proven to be harmful. Product labels must list ingredients but the efficacy of product claims, quality, and quantity of ingredients may not be accurate. Consequently, a DS product may contain ingredients which pose a health risk, are prohibited for AD and reserve personnel, or may cause harmful side effects when used with prescribed or over the counter medications. As a preventive measure, all personnel are strongly encouraged to be informed health consumers when DS products are used, primarily considering the efficacy, health risk, legality, and CG prohibition/restrictions before using a product. CG / DoD health care providers should be the primary source for guidance and sanctioned resources, such as Operation Supplement Safety <https://www.opss.org/> should be consulted.

C. Policy. Healthy weight management is largely an issue of personal accountability. However, it is also the responsibility of leadership throughout the CG to support healthy weight management behaviors by, creating work environments that support healthy behavior, and lead by example. To ensure healthy environments Commanding Officers will annually review the Commanding Officer's PHA Report, and contact HSWL SC or the CG HPPM via e-mail for recommendations on how to improve the nutrition at your unit.

D. Duties and Responsibilities.

1. Behavioral Health Services Division, Commandant (CG-1111), will:
 - a. In coordination with the CS PM, ensure nutrition information and instructions in healthy cooking methods are included in the CG Culinary School curricula.
 - b. Annually collect CG-wide data to analyze the eating behavior trends of the workforce.
 - c. Establish goals with outcome measurements for improving healthy eating and weight management behaviors.
 - d. Work in coordination with the Office of Military Personnel, Commandant (CG-133), and the Office of Health Services, Commandant (CG-112), to address issues and develop policies related to performance nutrition, DS use, and weight management.
 - e. Inform CG senior leadership about the latest trends and state of the science in nutrition, DS, weight loss science management, and policy as promulgated by DoD, CDC, the National Institutes of Health, and other government agencies and scientific institutions. Review and disseminate state of the science information on healthy eating and weight management behavioral change.
 - f. Develop methods to assess healthy food choice environment in the workplace, to include policy, food choices, and food services.
2. HSWL SC will assist Commandant (CG-1111) in implementing the CG nutrition and weight programs initiatives.
3. Commanding Officers and Officers-in-Charge will direct members on weight probation to the Commandant (CG-11) Health Promotion Resources Website <http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/> for information on weight management planning, techniques, and resources.
4. Medical Officers will:
 - a. Promote Commandant (CG-1111) sponsored weight management initiatives and programs.

- b. Promote CG sponsored DS resources.
- c. Discuss weight management options with members on weight probation, including but not limited to:
 - (1) Exercise,
 - (2) Nutrition, and
 - (3) Health Coaching.
- 5. Unit CS will plan menus to ensure all members have daily access to nutritionally sound food choices.
- 6. Members on weight probation must be familiar with the resources available on the Health Promotion web page (health coaching, nutrition, exercise, and DS resources)
<http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/>.

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CHAPTER 6. STRESS MANAGEMENT

- A. Introduction. Operational readiness and safety are closely tied to the ability of personnel to endure the physical, mental, and environmental demands of work, social, and family systems. Effective stress management promotes operational risk reduction by enhancing personal readiness. The purpose of effective and healthy stress management programs for the CG is to identify and control risk factors that can reduce human endurance and thereby compromise safety and operational readiness. Appropriate referral to an individual trained in stress management includes but is not limited to, a Medical Officer, Employee Assistance Program Manager (EAPM) and a Chaplain.
- B. Overview. When managed effectively, stress can help individuals reach personal and job performance goals. However, when ineffective or inappropriate coping responses are used, the results can be harmful and unhealthy to the individual, the family, and operational readiness.
- C. Policy. Assessing and responding to the impact of stress on crewmembers and unit readiness is the responsibility of leaders at all levels. CG leadership will assist members in managing stress in the following ways:
 - 1. Become familiar with Operational Stress Control (OSC) as modeled by the following Stress Continuum:

READY (Green Zone)	REACTING (Yellow Zone)	INJURED (Orange Zone)	ILL (Red Zone)
<p>Definition</p> <ul style="list-style-type: none"> - Adaptive coping and mastery - Optimal functioning - Wellness <p>Features</p> <ul style="list-style-type: none"> - Well trained and prepared - Fit and focused - In control - Optimally effective - Behaving ethically - Having fun 	<p>Definition</p> <ul style="list-style-type: none"> - Mild and transient distress or loss of optimal functioning - Always goes away - Low risk for illness <p>Features</p> <ul style="list-style-type: none"> - Irritable, angry - Anxious or depressed - Physically too pumped up or tired - Loss of complete self control - Poor focus - Poor sleep - Not having fun 	<p>Definition</p> <ul style="list-style-type: none"> - More severe and persistent distress or loss of function - Leaves a "scar" - Higher risk for illness <p>Causes</p> <ul style="list-style-type: none"> - Life threat - Loss - Inner conflict - Wear and tear <p>Features</p> <ul style="list-style-type: none"> - Panic or rage - Loss of control of body or mind - Can't sleep - Recurrent nightmares or bad memories - Persistent shame, guilt, or blame - Loss of moral values and beliefs 	<p>Definition</p> <ul style="list-style-type: none"> - Persistent and disabling distress or loss of function - Clinical mental disorders - Unhealed stress injuries <p>Types</p> <ul style="list-style-type: none"> - PTSD - Depression - Anxiety - Substance abuse <p>Features</p> <ul style="list-style-type: none"> - Symptoms and disability persist over many weeks - Symptoms and disability get worse over time
Unit Leader Responsibility	Individual, Peer, Family Responsibility		Caregiver Responsibility

Table 6-1: Operational Stress Control Continuum

2. Know personnel well enough to recognize when members are “not in the Green Zone.”
3. Take appropriate actions when personnel are found to be “Reacting,” “Injured,” or “Ill” (Yellow, Orange, or Red Zones).
4. Be aware of and understand the four sources of stress injuries: loss, trauma, inner conflict, and wear and tear.
5. Recognize that many personnel will experience stress injuries sooner or later and that early command response is essential to keep personnel from becoming further injured or ill.

D. Duties and Responsibilities.

1. Behavioral Health Division, Commandant (CG-1111) will:
 - a. Provide professional oversight for stress management initiatives.
 - b. Review, procure, and disseminate appropriate stress management awareness, education, and behavior change materials.
2. The EAPM will design and implement effective stress management programs.
3. HSWL SC will support EAP related programs and disseminate information regarding these programs to the field.
4. Commanding Officers and Officers-in-Charge will:
 - a. Be aware of the unit’s stress climate and the signals of stress that members may display. Refer to: <http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Health-Promotion-Resources/Stress-Management-Program/>
 - b. Review the Navy and Marine Corps Combat and Operational Stress Control for tools to evaluate stress at: http://www.med.navy.mil/sites/nmcphc/documents/lguide/op_stress.aspx.
 - c. Ensure support information is available to members. A good resource CG SUPRT (Employee Assistance Program) at (1-855-CGSUPRT (247-8778) or www.CGSUPRT.com).
 - d. Ensure crews and individuals receive appropriate and timely assistance to avoid stress injury or illness.

- e. Proactively create stress awareness during operational transitions and high stress situations such as, PCS moves, underway deployments, disaster relief missions and, high evolution operational tempos.
- f. Promote and support individual members on implementing proper stress management techniques at work.
- g. Conduct Crew Risk Assessments in accordance with Reference (d). Commandant (CG-1133) can address technical questions, support, and resources regarding this reference.
- h. Conduct safety stand-downs to include crew endurance and stress management training.

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CHAPTER 7. SUBSTANCE ABUSE PREVENTION

- A. Introduction. Substance misuse as it relates to Health Promotion is a leadership issue. Senior leadership should establish clear and quantitative guidelines for the health and readiness of the members they lead. Evidence-based medicine should be used to establish those guidelines when possible. Leadership is directed to prohibit substance abuse and limit use of substances to the lawful use of alcohol or medical provider-prescribed medication as instructed by the Military Drug and Alcohol Policy, COMDTINST M1000.10 (series) and Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series). Substance abuse is the use of alcohol, prescription drugs, illicit drugs, over the counter compounds or any substance that is used to change mood or induce a “high” that causes cognitive, behavioral or physiological impairment problems. Of these compounds, alcohol is the most frequently abused substance by military personnel. A positive command climate that promotes responsible low-risk alcohol use and provides alcohol-free alternatives for off-duty recreation is essential to minimizing personnel and operational risks. Commands and leaders should be mindful that, even with the best prevention strategies and programs, there are times that a CG member requires assistance in seeking treatment and educational resources.
- B. Overview. The CG Substance Abuse Prevention Program strategy is to reduce the negative consequences related to substance use. This policy encourages self-control, personal responsibility, and supports a zero tolerance illicit drug policy. The CG uses the National Institute of Alcohol Abuse and Alcoholism (NIAAA) guidelines for responsible drinking. Detailed information on these guidelines can be found at <http://niaaa.nih.gov/alcohol-health>. CG members are encouraged to either abstain or engage in low-risk alcohol consumption guidelines <https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Is-your-drinking-pattern-risky/Whats-Low-Risk-Drinking.aspx>. For a more comprehensive overview of substance abuse prevention training, planning, screening and implementation strategies Refer to Reference (e).
- C. Policy. Commanding Officers will institute a substance abuse prevention plan that leverages all unit leaders. Guidelines to develop this plan are provided in depth to the Command Drug and Alcohol Representative (CDAR) via the CDAR course. Refer to Reference (e) for details.
- D. Duties and Responsibilities. All members of the CG must:
1. Refer to Reference (e) on the specifics of the Substance Abuse Prevention and Treatment Policy.
 2. Raise Awareness of Substance Abuse Issues. Help each member and command understand how to approach and handle substance misuse, abuse, and chemical dependence, which are referred to as Substance Use Disorders.

3. Encourage, Teach, and Support Low-Risk Guidelines for Alcohol Use. The SAP Program adopted a risk management model for alcohol consumption. NIAAA established low-risk drinking guidelines. Key behaviors for low-risk alcohol use as defined by Commandant (CG-1111) include the 0,1,2,3 model. These guidelines suggest:
 - a. There are occasions where “zero” drinks is the low-risk option; such as, when one is driving, using machinery, cleaning a weapon, pregnant, or on certain medications;
 - b. Consuming no more than one “standard alcoholic beverage” per hour;
 - c. Two standard drinks per occasion and never to exceed three;
 - d. Check with a health care provider to ensure it is safe to consume alcohol with prescribed medication or diagnosed medical condition.

Note: the CG is aware of the complexities, intricacies, and delicate nuances related to education, socio-economic influences, gender, and ethnicity issues as they relate to drinking guidelines both nationally and internationally. Therefore, the CG uses a gender neutral set of low-risk drinking guidelines: 0,1,2,3. Gender guidelines have been established by the NIAAA because males and females process alcohol differently. Citations are included in this section to clarify the physiological and absorption differences for males and females. For further clarification, please see: Rethinking Drinking <https://www.rethinkingdrinking.niaaa.nih.gov/> and Alcohol: A Women's Health Issue <https://pubs.niaaa.nih.gov/publications/brochurewomen/women.htm>

EXERCISE GUIDELINES

1. Health-related components of Physical Fitness. There are five components of physical fitness: (1) body composition, (2) flexibility, (3) muscular strength, (4) muscular endurance, and (5) cardiorespiratory endurance. A well-balanced exercise program should include activities that address all of the health-related components of fitness. Aerobic activities develop cardiorespiratory endurance and burn calories to aid in achieving a healthy body composition. Muscle-strengthening activities develop muscular strength and endurance and assist with the development of a healthy body composition. Activities such as stretching and yoga help improve flexibility. Physical activity guidelines for adults are presented below.
2. Aerobic Activities.
 - a. According to the CDC, adults should perform 2 hours and 30 minutes (150 minutes) per week of moderate-intensity aerobic activity.
 - b. Aerobic activity should be performed for at least 10 minutes at a time and spread throughout the week.
 - c. For greater health benefits, 5 hours (300 minutes) per week at a moderate-intensity level or 2 hours and 30 minutes (150 minutes) at a vigorous-intensity level or an equivalent mix of both is recommended.
 - d. The American College of Sports Medicine states that moderate-intensity physical activity between 150-250 minutes per week is effective in preventing weight gain, but will provide only modest weight loss. Physical activity greater than 250 minutes per week is recommended for weight loss and the prevention of weight gain.
 - (1) Examples of moderate-intensity physical activities.
 - (a) Walking briskly (about 3 miles per hour or faster but not race walking).
 - (b) Water aerobics.
 - (c) Bicycling, riding less than 10 mph.
 - (d) Tennis (doubles).
 - (e) Ballroom dancing.
 - (f) General gardening.

(2) Examples of vigorous-intensity physical activities.

- (a) Race walking, jogging, and running.
- (b) Bicycling 10 mph or faster.
- (c) Swimming laps.
- (d) Aerobic dancing.
- (e) Jumping rope.
- (f) Heavy gardening (continuous digging or hoeing with heart rate increases).
- (g) Hiking uphill or with a heavy backpack.

(3) Muscle-Strengthening Activities.

- (a) Muscle-strengthening activities should be performed on 2 or more days per week.
- (b) Muscle-strengthening activities do not count toward the aerobic activity total.
- (c) All major muscle groups should be worked. These are the legs, hips, back, abdomen, chest, shoulders, and arms.
- (d) Exercises for each muscle group should be repeated 8 to 12 times per set. As exercises become easier, increase the weight or do another set.
- (e) Examples: Lifting weights, working with resistance bands, or doing exercises that use body weight for resistance (e.g., push-ups, sit-ups, etc.).

(4) Flexibility.

- (a) Each time you perform aerobic or strength-training activities, take an extra 10 minutes to stretch the major muscle groups.
- (b) Hold stretches for 10 to 30 seconds and repeat each stretch 3 to 4 times.

FITNESS ASSESSMENT PROTOCOLS AND PROCEDURES

1. Purpose. These protocols should be used to administer all fitness tests and assessments throughout the CG including the Deployable Special Forces, Law Enforcement Teams, Maritime Law Enforcement Academy and other training schools where fitness tests are required. Protocols are taken from the Cooper Institute's Physical Fitness Assessments and Norms, for Adults and Law Enforcement 2009.
2. Safety. There is a natural risk of injury for all personnel participating in physical activity, even those related to improving health. The environment and the characteristics of the participants also contribute to the overall injury risk. The command representative conducting the test should seek the advice of medical or Unit Safety Officer for information concerning these risks and how to minimize the possibility of injury. To reduce the potential for injury, commands are responsible to ensure member's level of physical fitness, including acclimatization to environment and what is appropriate for any physical demands required operationally.
 - a. Support Personnel. The command will ensure at least one Cardio Pulmonary Resuscitation (CPR)-certified monitor, is present for every 25 members participating in a test. Monitors cannot be test participants and do not have to be members of the medical staff.
 - b. Medical Emergency Assistance. A safety plan must be in place for summoning emergency assistance. At a minimum, the plan must include telephone numbers and procedures for summoning aid, clear directions for emergency response personnel to avoid confusion and ensure prompt arrival. Include guidance for contacting base security personnel to assist with rapid access of emergency personnel to test site. Cellular phones, walkie-talkies, and other two-way communication devices are acceptable. When a swim test is conducted, at least one certified lifeguard must be present.
3. Test Site Selection and/or Certification. The command will select the most level 1.5-mile course available. The course will be free of steep inclines and declines, surface irregularities, and sharp turns. Verify or measure course distance with measuring wheel 7 (Usually available from recreation services). A bike odometer may only be used if measuring wheel is not available. Do not use automobile, motorcycle odometers, or GPS devices.
4. Weather Safety Concerns. The fitness testing must not be conducted under harsh environmental conditions. Specifically, the test should not be conducted outdoors when wind chill is 20 degrees Fahrenheit or lower, or when hot weather "black flag" conditions exist (wet bulb globe temperature [WBGT]) of 90 degrees Fahrenheit or higher.
5. Physical Activity Readiness Questions (PAR-Q). Prior to the testing, personnel must review the PAR-Q located on the Commandant (CG-111) Physical Fitness web site: <https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human->

[Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Health-Promotion-Resources/Health-Promotion-Resources/Personal-Wellness/](#)

6. If they have a "yes" or "I don't know" answer, it is strongly advised that they receive clearance from their medical provider to participate in physical fitness. Personnel recovering from a recent illness or reporting a decline in health (e.g. tightness or discomfort in the chest, arms, or neck associated with activity or exercise) are not to be tested and will be referred to their medical provider for evaluation and medical clearance.
7. Warm-Up. The command representative must lead participants in a five to ten minute dynamic warm-up exercise session prior to the start of the tests. The warm up session is not designed to tire members.
8. Hydration. Adequate fluid intake is vital to safe participation in any physical exercise. Members are encouraged to drink water before and after physical activity, especially in hot weather.
9. Cool-down. At end of the physical activity, members are required to participate in a cool down period to allow the heart rate to decline gradually. Cool down should last at least five minutes. Without cool-down, members may become dizzy or light-headed.
10. Injury Reporting. If members are injured during any physical activity, either command-authorized or personal, they must report their injury to their supervisor and ensure they are Fit For Duty or have the appropriate duty status.
11. Fitness Norms. The norm charts included in this appendix are a representation of how individuals compare to others with regard to performance on the physical fitness tests. The Cooper Institute has one of the largest and most valid data bases in the world with respect to fitness norms. There are two types of norms that the CG uses for fitness testing:
 - a. Age and Gender Norms. Age and gender norms are a representation of how individuals in a specific age and gender group compare to one another with regard to performance on physical fitness tests. Age and gender norms are acceptable for use in all CG fitness tests unless specified by the specific unit Instruction.
 - b. Absolute Norms. Absolute norms are minimal scores or "cut-points" that have been determined in law enforcement validation studies as the fitness standard that must be attained by everyone regardless of age, gender, or handicapping conditions for the person to be considered fit for duty. Absolute norm tables are not depicted in this appendix but can be found in the Manuals that require absolute norm standards.
12. Procedure and Order of Testing. Following a standardized protocol for order of testing ensures that every fitness assessment is delivered fairly every time. In the case of mandatory fitness tests, where members are required to pass a battery of tests for

selection, assignment or maintenance of a unit fitness standard, the member must pass all components of the fitness test at one time. If one component of the test is failed, the entire test battery must be repeated during re-assessment, not just the portion of the test that was failed. According to the National Strength and Conditioning Association, a battery of fitness tests should occur in the following order:

- a. Non-Fatiguing Tests (height/weight measurements, body fat tests, vertical jump), then rest for two minutes.
- b. Muscular Strength (sit ups, 1 repetition maximum bench press), then rest for five to ten minutes.
- c. Speed (300 meter run), then rest for five to ten minutes.
- d. Muscular Endurance (push up), then rest for five to fifteen minutes.
- e. Cardiovascular Endurance (1.5 mile run), then cool down for five minutes.
- f. Flexibility.

13. Mile Run Test.

- a. Test Description. This is a test which measures cardiorespiratory fitness. The runner covers a distance of 1.5 miles in as short a time as possible without undue strain. Aerobic capacity is determined from total elapsed time. The 1.5 mile norms for men and women are based on the Physical Fitness Assessments and Norms for Adults and Law Enforcement. These tables do not represent the pass/fail norms for any specific CG qualification requirement.
- b. Required Equipment.
 - (1) Stop watch to time the run to the nearest second.
 - (2) An accurately measured, flat, 1.5 mile course or ¼ mile track (6 laps = 1.5 miles).
- c. Test Guidelines. The following are some guidelines to be followed in preparation for the 1.5 mile run test.
 - (1) Members should not eat a heavy meal or smoke for at least two to three hours prior to the test.
 - (2) Members should warm up and stretch thoroughly prior to the test.
 - (3) Members should practice pacing themselves prior to the test.

- (4) Members may attempt to run too fast early in the run and become fatigued prematurely. Running partners may accompany members around the track to help pace them.

d. Test Administration.

- (1) Participants should be in good health and currently used to running, not beginners. Before testing, verify that the pre-test screening items have been completed (i.e., PAR Q). The tester should have participant's warm-up and cool down after the run.
- (2) Participants should be dressed in clothes ready to exercise, preferably exercise shorts or pants and running shoes.
- (3) Instruct participants to:
 - (a) Warm up by walking at a moderate pace for two to five minutes.
 - (b) The participant runs 1.5 miles as fast as possible. If a 440 yard track is used, 6 laps must be completed using the inside lane (lane 1). If using a 400 meter track, an additional 15 yards must be run after the six laps are completed.
 - (c) During the administration of the test, the participants can be informed of their lap times. Finish times should be called out and recorded.
 - (d) Upon test completion, a mandatory cool down period is enforced. The participants should walk slowly for about five minutes immediately after the run to prevent pooling of blood in the lower extremities.
 - (e) If participants experience any pain or severe shortness of breath or other abnormal signs, they should walk or stop and seek medical attention if necessary.

14. Mile Treadmill Test.

- a. Test description. The 1.5 mile run event may be conducted on a treadmill at CO's discretion where appropriate facilities and equipment are reasonably available. Treadmill must have following features:
 - (1) Motor-driven running surface belt with emergency stop button.
 - (2) Adjustable speed displayed in miles per hour.
 - (3) Inclination adjustment.

- (4) Odometer that accurately measures distance traveled in miles.
- (5) Mile run and/or Walk Event may be conducted on a treadmill as follows:
 - (a) The member should straddle the treadmill belt with the treadmill inclination set at 1.0 percent. Neither the treadmill belt nor stopwatch should be running.
 - (b) The tester will signal start and the member will start the treadmill at the desired speed. The member is required to step onto the belt as soon as it starts moving, i.e., not wait until the belt has reached its programmed speed. As soon as the member starts running, the tester will start the official time using a stopwatch.
 - (c) The tester will announce the start and call time within two minute intervals until the member has traveled 1.5 miles.
 - (d) The Treadmill speed may be adjusted to the member's comfort anytime during test.
 - (e) The member may momentarily touch the treadmill's safety bar with his or her fingertips or open palm for safety to recover balance. The member may not, however, grab or hold onto the bar for any reason other than to recover balance.
 - (f) The member is allowed to briefly pause the treadmill to retie a shoelace. No distance must be counted towards the member's score during the pause. The stopwatch, however, will continue to run.
 - (g) Time is recorded with a stopwatch to nearest second. Although most treadmills are equipped with an accurate time display; only the time recorded by stopwatch must be used for official scoring. This is done to account for the time to retie a shoelace.
- b. Treadmill Test conclusion. The treadmill event is ended when the member:
 - (1) Stops running or walking other than to retie shoelace or to remove a foreign object from their shoe (for safety purposes). If this should occur the member must pause the machine.
 - (2) Completes 1.5 miles.
 - (3) Supports body weight by holding onto or leaning against the treadmill support bar other than to momentarily regain balance (treadmill test only).
 - (4) Changes treadmill inclination.

Age (years)	20 – 29	30 – 39	40 – 49	50 – 59	60+
Superior	< 9:17	< 9:33	< 9:51	< 10:37	< 11:26
Excellent	9:18-10:09	9:34 – 10:46	9:52 – 11:15	10:28 – 12:08	11:27 – 13:23
Good	10:10-11:29	10:47 – 11:54	11:16 – 12:24	12:09 – 13:35	13:24– 15:04
Fair	11:30-12:38	11:55 – 12:58	12:25 – 13:50	13:36– 15:06	15:21 – 16:46
Poor	12:39-14:00	12:59 – 14:34	13:51 – 15:24	15:07 – 16:58	16:46 – 19:10
Very Poor	> 14:00	> 14:34	> 15:24	>16:58	>19:10

Table 2-1: 1.5 Mile Norms for Men (Minutes: Seconds)

Age (years)	20 – 29	30 – 39	40 – 49	50 – 59	60+
Superior	<10:28	< 11:00	<11:33	<12:53	<14:05
Excellent	10:29 – 11:58	11:01 – 12:24	11:34 – 13:23	12:54 – 14:34	14:06– 16:33
Good	11:59 – 13:24	12:25 – 14:08	13:24 – 14:53	14:35 – 16:35	16:34 – 18:27
Fair	13:25 – 14:50	14:09 – 15:43	14:54 – 16:31	16:36 – 18:18	18:28–20:16
Poor	14:51– 16:46	15:43 – 17:38	16:32 – 18:37	18:19 – 20:44	20:16 – 22:52
Very Poor	>16:46	> 17:38	>18:37	>20:44	>22:52

Table 2-2: 1.5 Mile Norms for Women (Minutes: Seconds)

15. One Mile Walk Test.

- a. Test Administration. The purpose of this test is to estimate cardiorespiratory fitness level (VO₂ max).
- b. An accurately measured course of exactly one mile is necessary. A ¼ mile running track is ideal. A pulse rate monitor device is required for this test. members are instructed to walk one mile *as fast as possible*. Running or jogging is *not* allowed. *Immediately upon completion* of the one mile walk, the pulse rate should be recorded from the pulse rate monitor. Do *not* use a ten second pulse check, this will invalidate the test. After completing the test, the client should continue walking slowly for 5 minutes to cool down.
- c. Calculation of Estimated VO₂ max. Knowing the members weight (WT), age, sex, one mile walk time (T) and one mile walk heart rate (HR), a good estimate of VO₂ max can be obtained by using the following formula:

$$VO_2 \text{ max} = 132.853 - (0.0769 \times WT) - (0.3877 \times AGE) + (6.3150 \times SEX) - (3.2649 \times T) - (0.1565 \times HR)$$

WT = Weight in pounds AGE = Age in years SEX = 0 for female, 1 for male
T = Walk time in minutes and seconds, to the nearest tenth of a minute
(seconds divided by 60 = tenths of a minute)

HR = Heart rate in beats/minute at the end of the walk

Compare with norms for VO₂ max in this Section to determine percentile ranking and fitness category.

Source: Kline, et. Al. Estimation of VO₂ max from a one mile track walk. *Medicine and Science in Sports and Exercise* 19(3):253-259, 1987.

Age (years)	20 – 29	30 – 39	40 – 49	50 – 59	60+
Superior	55.5	54.1	52.5	49.0	45.7
Excellent	55.4-51.1	54.0 – 48.3	52.4 – 46.4	48.9 – 43.3	45.6 – 39.6
Good	51.0-45.6	48.2 – 44.1	46.3 – 42.4	43.2 – 39.0	39.5– 35.6
Fair	45.5-41.7	44.0 – 40.7	42.3 – 38.4	38.9– 35.5	35.4 – 32.3
Poor	41.6-38.0	40.6 – 36.7	38.3 – 34.8	35.4 – 32.0	32.2 – 28.7
Very Poor	< 38.0	< 36.7	< 34.8	<32.0	<28.7

Table 2-3: 1 Mile Walk Test Max VO₂ Norms for Men

Age (years)	20 – 29	30 – 39	40 – 49	50 – 59	60+
Superior	49.6	47.4	45.3	46.1	41.0
Excellent	49.5 – 43.9	47.3 – 42.4	45.2 – 39.6	46.0 – 36.7	39.9– 36.7
Good	43.8 – 39.5	42.3 – 37.7	39.5 – 35.9	36.6 – 32.6	36.6 – 32.6
Fair	39.4 – 36.1.	37.6 – 34.2	35.8 – 32.8	32.5 – 29.9	32.5–29.9
Poor	36.0– 32.3	34.1 – 30.9	32.7– 29.4	29.8 – 26.8	29.8 – 26.8
Very Poor	<32.3	< 30.9	<29.4	<26.8	<26.8

Table 2-4: 1 Mile Walk Test Max VO₂ Norms for Women

	Men Under 40	Men Over 40	Women Under 40	Women Over 40
Excellent	13:00 or less	14:00 or less	13:30 or less	14:30 or less
Good	13:01-15:30	14:01-16:30	13:31-16:00	14:31-17:00
Average	15:31-18:00	16:31-19:00	16:01-18:30	17:01-19:30
Below Average	18:01-19:30	19:01-21:30	18:31-20:00	19:31-22:00
Low	19:31 or more	21:31 or more	20:01 or more	22:01 or more

Table 2-5: 1 Mile Walk Test Norms in Minutes

16. Push Up Test.

- a. Test Description. This test measures muscular endurance of the upper body (anterior deltoid, pectoralis major, and triceps). All fitness assessments should follow the protocol below for the push up test with these exceptions:
 - (1) Some fitness assessments require a maximum push up test. Follow the same protocol as the one minute push up test but continue the test until fatigue or until proper form can no longer be maintained. No resting is allowed.
 - (2) Some fitness assessments require female participants to use the maximum push-up test in the modified position. The modified push up is performed on the hands and knees with the back straight and hands slightly in front of the shoulders in the up position. Continue the test until fatigue or until proper form can no longer be maintained. No resting is allowed.
- b. Required Equipment.
 - (1) Gym mat or suitable flooring.
 - (2) Stop watch or timing device.
- c. Test Administration.
 - (1) Have the member place his/her hands slightly wider than shoulder width apart, with fingers pointing forward. The administrator places one fist on the floor below the subject's chest. If a male is testing a female, a 3 inch sponge should be placed under the sternum to substitute for the fist.
 - (2) Starting from the up position (elbows extended), the subject must keep the back straight at all times and lower the body to the floor until the chest touches the administrators fist.
 - (3) Subject then returns to the starting position. This is one repetition.
 - (4) Resting can only be done in the up position. Both hands must remain in contact with the floor at all times. Exception: Some fitness assessments do not allow any resting and does not have a time limit. The test is terminated when the participant can no longer maintain proper form or until fatigue.
 - (5) The total number of correct pushups completed in one minute is recorded as the score.

<u>Men</u>	20 – 29 yrs	30 – 39yrs	40 – 49 yrs	50 – 59 yrs	60 + yrs
Superior	62+	52+	40 +	39 +	28 +
Excellent	47 – 61	39 – 51	30 – 39	25 – 38	23 – 27
Good	37 – 46	30 – 38	24 – 29	19 – 24	18 – 22
Fair	29 – 36	24 – 29	18 – 23	13 – 18	10 – 17
Poor	22 – 28	17 – 23	11 – 17	9 – 12	6 – 9
Very Poor	13 – 21	9 – 16	5 – 10	3 – 8	2 – 5

Table 2-6: Push Up Test Norms for Men 1 Minute Test

<u>Women</u>	20 – 29 yrs	30 – 39 yrs	40 – 49 yrs
Superior	42+	39+	20 +
Excellent	28-41	23-38	15-20
Good	21-27	15-22	13-14
Fair	15-20	11-14	9-12
Poor	10-14	8-10	6-8
Very Poor	3 – 9	1-7	0-5

Table 2-7: Push Up Test Norms for Women 1 Minute Test

** Coopers doesn't have full body push up norms for women over 50.

Women	20 – 29 yrs	30 – 39 yrs	40 – 49 yrs	50 – 59 yrs	60 + yrs
Superior	45 +	39 +	33 +	28 +	20 +
Excellent	36 – 44	31 – 38	24 – 32	21 – 27	15 -19
Good	30 – 35	24 – 30	18 – 23	17 – 20	12 – 14
Fair	23 – 29	19 – 23	13 – 17	12 – 16	5 – 11
Poor	17 – 22	11 -18	6 – 12	6 – 11	2 – 4
Very Poor	< 16	< 11	< 6	< 6	< 2

Table 2-8: Push Up Test Norms for Modified Push Up

16. Sit-Up Test.

- a. Test Description. This is an easily administered test for measuring abdominal strength/endurance. The subject does as many bent knee sit-ups as possible in one minute.

b. Required Equipment.

- (1) Gym mat or suitable flooring.
- (2) Stop watch or watch with a second hand.

c. Test Administration.

- (1) The member should be screened for lower back impairment or pain. Persons suffering back pain or high, uncontrolled blood pressure, should not do this test.
- (2) Be sure the member is well instructed in the proper technique. Describe and if needed, demonstrate the correct technique. They may want to practice once or twice before beginning the test.
- (3) Instruct the member to:
 - (a) Lie on their back on a mat, knees bent at a 90 degree angle, feet shoulder width apart with heels on the floor and hands cupped behind the ears.
Exemption: Some health risk assessments require arms to be crossed in front of the body with fingertips on shoulders.
 - (b) A partner holds the feet down firmly.
 - (c) The Member then performs as many correct sit ups as possible in one minute.
 - (d) In the up position, the Member should touch elbows to knees and then return until the shoulder blades touch the floor.
 - (e) Breathing should be as normal as possible, making sure the Member does not hold their breath.
 - (f) Neck remains in the neutral position. Do not pull on the head or neck.

Age (years)	<20	20 – 29	30 – 39	40 – 49	50 – 59	60 – 69
Superior	62+	55+	51+	47+	43+	39+
Excellent	51 – 61	47 – 54	43 – 50	39 – 46	35 – 42	30 – 38
Good	47 – 50	42 – 46	39 – 42	34 – 38	28 – 34	22 – 29
Fair	41 – 46	38 – 41	35 – 38	29 – 33	24 – 27	19 – 21
Poor	36 – 40	33 – 37	30 – 34	24 – 28	19 – 23	15 – 18
Very Poor	<36	<33	<30	<24	<19	<15

Table 2-9: Sit-Up Norms for Men 1 Minute

Age (years)	<20	20 – 29	30 – 39	40 – 49	50 – 59	60 – 69
Superior	55 +	51 +	42 +	38 +	30+	28 +
Excellent	46 – 54	44 – 50	35 – 41	29 – 37	24 – 29	17 – 27
Good	36 – 45	38 – 43	29 – 34	24 – 28	20 – 23	11 – 16
Fair	32 – 35	32 – 37	25 – 28	20 – 23	14 – 19	6 – 10
Poor	28 – 31	24 – 31	20 – 24	14 – 19	10 – 13	3 – 5
Very Poor	< 28	< 24	<20	<14	<10	<3

Table 2-10: Sit-Up Norms for Women 1 Minute

17. Abdominal Curl Ups.

- a. Test Description. The abdominal curl-up is an alternative to sit-ups when testing for abdominal strength/endurance. The advantages suggested for this test is that it puts less strain on the back, better isolates the abdominal muscles and minimizes the hip flexors.
- b. Required Equipment.
 - (1) Gym mat.
 - (2) Ruler.
 - (3) Small blocks for fingers to touch in order to signal person when they have moved hands 3 inches forward.
 - (4) Stop watch with second hand.
- c. Test Administration.
 - (1) The member should be screened for lower back pain. People suffering from back pain or uncontrolled high blood pressure should not do this test.
 - (2) Instruct subject to:
 - (a) Lie on their back on a mat with knees bent, feet shoulder width apart.
 - (b) Arms are fully extended by the sides, palms down with fingers extended. A piece of masking tape is placed perpendicular to the fingertips of each hand such that the fingertips are at the front edge of the tape. Another piece of tape is placed parallel to and three inches in front of the tape at the fingertips.

- (c) While holding the members feet, the member must move both hands along the floor a distance of three inches by flexing the trunk (fingertips are moving from one piece of tape to the next). Upon returning to the floor (shoulder blades touching the floor), one repetition is counted.
 - (d) Instruct the subject to do as many curl-ups in one minute as they can without undue strain and while breathing as normally as possible.
- d. Test Scores for the Curl-up. The Cooper Institute does not have norms for the one minute curl up test, nor are there published norms derived from large population studies. The norms below are based on a McARDLE, W.D. et al. (2000) “Training Muscles to Become Stronger”. Members can also use their first time test scores as a baseline by which to show future change and improvement with training.

Men	< 35 yrs	35 – 45 yrs	>45 yrs
Excellent	60+	50+	40+
Good	45	40	25
Fair	30	25	15
Poor	15	10	5
Women	< 35 yrs	35 – 45 yrs	>45 yrs
Excellent	50+	40+	30+
Good	40	25	15
Fair	25	15	10
Poor	10	6	4

Table 2-11: Test Scores for Curl Up

18. Flexibility: Sit and Reach Test.

- a. Test Description. This test measures flexibility of the hamstrings and low back. Flexibility is not considered a good predictor of overall fitness and is not recommended for inclusion in testing for qualification or selection to a specific team or assignment.
- b. Required Equipment.
 - (1) Gym mat.
 - (2) Flexibility box, or 12” high box and yardstick on box with 15” mark at the edge.

c. Test Administration.

- (1) The member should be screened for lower back impairment or pain. Persons suffering back pain should not do this test.
- (2) Be sure members are well instructed in the proper technique. Describe and if needed, demonstrate the correct technique as follows:
 - (a) Remove shoes.
 - (b) The feet are placed squarely against the box with the feet no wider than eight inches apart. Toes are pointed directly toward the ceiling.
 - (c) The knees should remain extended throughout the test.
 - (d) The hands are placed one hand on top of the other, fingertips even.
 - (e) The yardstick is set on the box such that the 15” mark is flush with the edge of the box.
 - (f) The member leans forward without lunging or bobbing and reaches as far down the yard stick as possible. The hands must stay together and even and the stretch must be held for one second. Neck should remain in the neutral position.
 - (g) Record the reach to the nearest ¼ inch.
 - (h) Three trials are allowed; the best of the three trials is recorded. Exhaling on the reach is recommended.

Age (years)	<20	20 – 29	30 – 39	40 – 49	50 – 59	60+
Superior	≥23.4	≥23	≥22	≥21.3	≥20.5	≥20
Excellent	21.7-22.6	20.5-21.8	19.5-21	18.5-20	17.5-19	17.3-19
Good	19-21.4	18.5-20	17.5-19	16.3-18	15.5-17	14.5-16.5
Fair	16.5-18.7	16.5-18	15.5-17	14.3-16	13.3-15	12.5-14
Poor	13.2-16	14.4-16	13-15	12-14	10.5-12.5	10-12
Very Poor	<13.2	<14.4	<13	<12	<10.5	<10

Table 2-12: Sit and Reach Flexibility Norms for Men (inches)

Age (years)	<20	20 – 29	30 – 39	40 – 49	50 – 59	60+
Superior	>=24.3	>=24.5	>=24	>=22.8	>=23	>=23
Excellent	22.5-24.3	22.5-23.8	21.5-22.5	20.5-21.5	20.3-21.5	19-21.8
Good	21.5-22.3	20.5-22	20-21	19-20	18.5-20	17-18
Fair	20.5-21.3	19.3-20.3	18.3-19.5	17.3-18.5	16.8-18	15.5-17
Poor	18.5-20	17-19	16.5-17.8	15-17	14.8-16	13-15.2
Very Poor	<18.5	<17	<16.5	<15	<14.8	<13

Table 2-13: Sit and Reach Flexibility Norms for Women (inches)

19. Vertical Jump Test.

- a. Test Description. This test is a measure of jumping or explosive power.
- b. Required Equipment.
 - (1) Yardstick taped to a smooth wall, and
 - (2) Chalk dust or chalk for marking extension when jumping
- c. Test Administration.
 - (1) The member stands with one side toward the wall and reaches up as high as possible to mark his/her standard reach.
 - (2) The member jumps as high as possible and mark the spot on the wall above his/her standard reach mark. Prior to jump, one foot must remain stationary on the floor.
 - (3) Score is the total inches, to the nearest ½ inch.
 - (4) The best of three trials is the score.

Age (years)	20-29	30-39	40-49	50-59
Superior	>26.5	>25	>22	>21
Excellent	24-26.5	22-24.5	19-21.5	17-20.5
Good	21.5-23.5	20-21.5	17-18.5	15-16.5
Fair	20-21	18.6-19.5	15.5-16.5	13.5-14.5
Poor	17.5-19.5	16.5-18.5	14.0-15.0	12-13
Very Poor	< 17.0	<16.0	<13.5	<12

Table 2-14: Vertical Jump Test Norms for Men

Age (years)	20-29	30-39	40-49
Superior	>18.5	>17.0	>13.5
Excellent	17.5-18.0	15-16.5	13-13.5
Good	16.0-17.0	13.5-14.5	11.5-12.5
Fair	14.0-15.5	12-13	9.5-11
Poor	12.5-13.5	11-12	7.5-9
Very Poor	< 12	<11	<7.5

Table 2-15: Vertical Jump Test Norms for Women**20. 300 Meter Run Test.**

- a. Test Description. This test is an assessment of anaerobic power.
- b. Required Equipment.
 - (1) 400 meter running track, or
 - (2) Any measure 300 meter flat surface that provides good traction
- c. Test Administration.
 - (1) Allow the member to warm up and stretch before beginning test.
 - (2) If using a 400 meter track, participant runs $\frac{3}{4}$ of one lap (inside lane) at maximum level of effort.
 - (3) Time used to complete distance is recorded in seconds.
 - (4) The member should walk for three to five minutes immediately following the test to cool down.

Age (years)	20-29	30-39	40-49	50-59
Superior	<46	<46	<52	<58
Excellent	48-50	47-51	53-57	59-66.4
Good	51-54	52-55	58-64	67-74
Fair	55-59	56-59	65-72	75-83
Poor	60-66	60-68	73-83	84-95
Very Poor	>66	>68	>83	>95

Table 2-16: 300 Meter Run Norms for Men

Age (years)	20-29	30-39	40-49
Superior	<54.3	<56.5	<65
Excellent	56-58.3	60-66	66-72
Good	59.7-61	66.5-71	72-79
Fair	62.7-71	72-79	80.5-94
Poor	74.5-78	80.5-86	101.8-110
Very Poor	>78	>86	>110

Table 2-17: 300 Meter Run Norms for Women

**Coopers does not have 300 meter run norms for women over 50