



FIRST CLASS TICKET



SHIPSHAPE



Weight Management Program

WELCOME TO YOUR JOURNEY TO HEALTHY LIVING!

Over the course of this program, you will learn about how nutrition, physical activity, and a healthy mindset can help you lose weight and be a healthier you. Each of the two online and six in-person group sessions of the ShipShape Program focuses on a critical aspect of healthy living and will equip you with tips and resources to apply to your everyday life.

Bring your Passport to each ShipShape Program session and have the facilitator sign and date the associated square. You can also use the Passport to note your starting weight, goal weight, and final weight to record your progress. To complete the program you must first attend the introductory online session, followed by six in-person group sessions (in any order based on availability), and finish with the concluding online session.

BOARDING PASS



FLIGHT

SS2016

CLASS

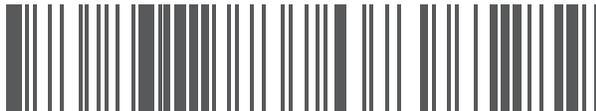
FIRST

SEAT

001

ADDITIONAL SEAT INFORMATION





SHIPSHAPE PROGRAM COMPLETION DATE: _____

Steps to Success (introductory online)

Date: _____ Facilitator Signature: _____

Fueling Your Body and Brain (in-person group)

Date: _____ Facilitator Signature: _____

Weight Loss Tracking and Trends (in-person group)

Date: _____ Facilitator Signature: _____

Power Up! Physical Activity (in-person group)

Date: _____ Facilitator Signature: _____

Psychology of Weight Management (in-person group)

Date: _____ Facilitator Signature: _____

Creating Supportive Environments (in-person group)

Date: _____ Facilitator Signature: _____

Stress Management (in-person group)

Date: _____ Facilitator Signature: _____

Preparing for the Future (concluding online)

Date: _____ Email your facilitator your Certificate of Completion!

My initial weight on _____ is _____ lbs. *(optional)*

My goal weight is _____ lbs. I plan to reach this goal by _____. *(optional)*

My final weight on _____ is _____ lbs. *(optional)*

Your lead facilitator is: _____

Questions? Contact your facilitator at: _____

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