

PERSONAL FITNESS

Merit Badge Requirements

If meeting any of the requirements for this merit badge is against the Scout's religious convictions, it does not have to be done if the boy's parents and the proper church officials state in writing that:

* To do so would be against religious convictions.

* The parents accept full responsibility for anything that might happen because of such exemption. They release the Boy Scouts of America from any responsibility.

1)

A) Before you try to meet any other requirements, have your health-care provider give you a thorough examination using the Scout medical examination form. Describe the examination. Tell what questions you were asked about your health. Tell what health or medical recommendations were made and report what you have done in response to the recommendations. Explain the following:

- 1) Why physical exams are important
- 2) Why preventative habits are important in maintaining good health
- 3) Diseases that can be prevented and how
- 4) The seven warning signs of cancer
- 5) The youth risk factors that affect cardiovascular fitness in adulthood

B) Have an examination made by your dentist. Get a statement saying that your teeth have been checked and cared for. Tell how to care for your teeth.

2) Explain to your merit badge counselor verbally or in writing what personal fitness means to you, including:

- A)** Components of personal fitness
- B)** Reasons for being fit in all components
- C)** What it means to be mentally healthy
- D)** What it means to be physically healthy and fit
- E)** What it means to be socially healthy. Discuss your activity in the eight areas of healthy social fitness
- F)** What you can do to prevent social, emotional, or mental problems

3) With your counselor answer and discuss the following questions:

- A)** Are you free from all curable diseases? Are you living in such a way that your risk of preventable diseases is minimized?
- B)** Are you immunized and vaccinated according to the advice of your health-care provider?
- C)** Do you understand the meaning of a nutritious diet and know why it is important for you? Does your diet include foods from all four groups?
- D)** Are your body weight and composition what you would like them to be and do you know how to modify it safely through exercise, diet, and behavior modification?
- E)** Do you carry out daily activities without noticeable effort? Do you have extra energy for other activities?
- F)** Are you free from habits relating to nutrition and the use of alcohol, tobacco, drugs, and other practices that could be harmful to your health?
- G)** Do you participate in a regular exercise program or recreational activities?
- H)** Do you sleep well at night and wake up feeling refreshed and energized for the new day?
- I)** Are you actively involved in the religious organization of your choice, and do you participate in their youth activities?
- J)** Do you spend quality time with your family and friends in social and recreational activities?
- K)** Do you support family activities and efforts to maintain a good home life?

4) Explain the following about physical fitness:

- A)** The components of physical fitness
- B)** Your weakest and strongest component of physical fitness
- C)** The need to have a balance in all four components of physical fitness
- D)** How the components of personal fitness relate to the Scout Laws and Scout Oath

5) Explain the following about nutrition:

- A) The importance of good nutrition
- B) What good nutrition means to you
- C) How good nutrition is related to the other components of personal fitness
- D) The three components of a sound weight (fat) control program

6) Before doing requirements 7 and 8, complete the aerobic fitness, flexibility, muscular strength, and body composition tests as described in the *Personal Fitness* merit badge pamphlet. Record your results and identify those areas where you feel you need to improve.

Aerobic Endurance Test

Record your performance on one of the following tests:

- A) Run/walk as far as you can in nine minutes
- B) Run/walk one mile as fast as you can

Flexibility Test

Using a sit-and-reach box constructed according to specifications in the merit badge pamphlet, make four repetitions and record the fourth reach. This last reach must be held for 15 seconds to qualify.

Muscular Strength Test

You must use the sit-up test and EITHER the pull-up or push-up test.

- A) Sit-ups. Record the number of sit-ups done correctly in 60 seconds. The sit-ups must be done in the form explained and illustrated in the merit badge pamphlet.
- B) Pull-ups. Record the total number of pull-ups completed consistent with the procedures presented in the merit badge pamphlet.
- C) Push-ups. Record the total number of push-ups completed consistent with the procedures presented in the merit badge pamphlet.

Body Composition Test

Have your parent, counselor, or other adult take and record the following measurements:

- A) Circumference of the right upper arm, midway between the shoulder and the elbow, with the arm hanging naturally and not flexed.
- B) Shoulders, with arms hanging by placing the tape two inches below the top of the shoulder and around the arms, chest, and back during breath expiration.
- C) Chest, by placing the tape under the arms and around the chest and back at the nipple line during breath expiration.
- D) Abdomen circumference at navel level (relaxed).
- E) Right thigh, midway between the hip and the knee.

*If possible, have the same person take the measurements whenever they are recorded.

7) Outline a 12-week physical fitness program using the results of your physical fitness tests. Be sure your program incorporates the endurance, intensity, and warm-up guidelines discussed in the *Personal Fitness* merit badge pamphlet. Before beginning your exercises, have the program approved by your counselor and parents

8) Complete the physical fitness program you outlined in requirement 7. Keep a log of your fitness program activity (i.e., how long you exercised; how far you ran, swam, or biked; how many exercise repetitions you completed; your exercise heart rate; etc.). Repeat the aerobic fitness, muscular strength, and flexibility tests every two weeks and record your results. After the 12th week, repeat all four tests, record your results, and show improvement in each one. Compare and analyze your pre-program and post-program body composition measurements. Discuss the meaning and benefit of your experience.

9) Describe your long-term plans regarding your personal fitness.

~~When a student has been instructed as described in the merit badge pamphlet, make four repetitions and record your results and identify those areas where you feel you need to improve. This last reach must be held for 15 seconds to qualify.~~

Scout Name: _____ Unit #: _____ Date: _____

Requirement 1

Scout Name: _____ Unit #: _____ Date: _____

PRE-PROGRAM Test Results Record

Name _____ Age: _____ Date: __/__/__ Body Weight: _____

Use this form to record your physical fitness test results **before** beginning your physical fitness program.

Aerobic Endurance Tests

Record your time or distance after completing one of the options

Nine minute run/walk: _____ 1st Distance: _____
One mile run/walk: _____ 1st Time: _____

Flexibility Test

Record your fourth reach distance after holding for 15 seconds.

Reach Distance: _____ inches

Muscular Strength Test

Record the number of sit-ups correctly completed in 60 seconds

Sit-Ups: _____

Record the number of Pull-Ups OR Push-Ups completed according to the procedures in the merit badge pamphlet. Circle the option you chose for this requirement

Push-Ups _____ Pull-Ups _____

Total: _____ Total: _____

Body Composition Test

Record your measurements below

A) Circumference of the right upper arm, midway between the shoulder and the elbow, with the arm hanging naturally and not flexed.

Measurement: _____

B) Shoulders, with arms hanging by placing the tape two inches below the top of the shoulder and around the arms, chest, and back during breath expiration.

Measurement: _____

C) Chest, by placing the tape under the arms and around the chest and back at the nipple line during breath expiration.

Measurement: _____

D) Abdomen circumference at navel level (relaxed).

Measurement: _____

E) Right thigh, midway between the hip and the knee

Measurement: _____

Requirement 7

Outline a 12-week physical fitness program using the results of your physical fitness tests. Be sure your program incorporates the endurance, intensity, and warm-up guidelines discussed in the Personal Fitness merit badge pamphlet. Before beginning your exercised, have the program approved by your counselor and parents.

You will need to tailor your program to fit your needs and meet your goals. When designing your fitness program, do not over commit yourself to a program that is beyond your physical capabilities.

To help you outline your physical fitness program consider the following points and questions.

- * What physical activities do you enjoy doing?
- * Will you exercise daily?
- * How much time do you have on a daily basis for exercise?
- * What equipment and/or facilities will you need for your fitness program? (gym, pool, bike, proper shoes for running, etc.)
- * Do you have access to the equipment and/or facilities that you will need for your physical fitness program?
- * Are there any financial issues that need to be addressed within your program? (pool passes, gym memberships, etc.)
- * Do you have someone that you can exercise with? (Remember: never swim without a buddy!)
- * What physical activities do you want to include in your program
- * Will you exercise every other day?
- * How long will your exercise sessions last each time?

Use the area below to outline your physical fitness program.

Requirement 8

- _____ Complete the physical fitness program you outlined in requirement 7. If you would like, you can use the attached exercise log to keep a log of your fitness program activity (i.e., how long your exercised; how far your ran, swam, or biked; how many exercise repetitions you completed; your exercise heart rate; etc.) OR, you can design and use a chart of your own.

- _____ Repeat the aerobic fitness, muscular strength, and flexibility tests every two weeks. You can use the TWO WEEK record of fitness chart to record your results. The chart is located at the bottom of the Exercise Log.

- _____ After the 12th week, repeat all four tests, record your results, and show improvement in each one. Use the attached POST PROGRAM test results record to record your results.

Complete the following after you have completed all other requirements.

Compare and analyze your pre-program and post-program body composition measurements. What do they tell you? Did you improve in the areas that you identified earlier?

Discuss the meaning and benefit of your experience:

Scout Name: _____ Unit #: _____ Date: _____

EXERCISE LOG					
Day	Exercise Activity	Total Time	Heart Rate	Distance/Laps etc.	Repetitions
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.					
43					
44					
45					
46					

Scout Name: _____ Unit #: _____ Date: _____

47					
48					
49					
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51					
52					
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54					
55					
56					

Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.

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58					
59					
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65					
66					
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68					
69					
70					

Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.

71					
72					
73					
74					
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77					
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79					
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81					
82					
83					
84					

Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your final results.

TWO WEEK Record Of Fitness

	Aerobic Fitness		Muscular Strength			Flexibility
	9min Distance	1 mile time	Sit-Ups	Push-Ups	Pull-Ups	Reach
After Two Weeks						
After Four Weeks						
After Six Weeks						
After Eight Weeks						
After 10 Weeks						

Scout Name: _____ Unit #: _____ Date: _____

POST-PROGRAM Test Results Record

Name _____ Age: _____ Date: __/__/__ Body Weight: _____

Use this form to record your physical fitness test results **after** completing your physical fitness program.

Aerobic Endurance Tests

Record your time or distance after completing one of the options

Nine minute run/walk: _____ 1st Distance: _____
One mile run/walk: _____ 1st Time: _____

Flexibility Test

Record your fourth reach distance after holding for 15 seconds.

Reach Distance: _____ inches

Muscular Strength Test

Record the number of sit-ups correctly completed in 60 seconds

Sit-Ups: _____

Record the number of Pull-Ups OR Push-Ups completed according to the procedures in the merit badge pamphlet. Circle the option you chose for this requirement

Push-Ups Pull-Ups

Total: _____ Total: _____

Body Composition Test

Record your measurements below

A) Circumference of the right upper arm, midway between the shoulder and the elbow, with the arm hanging naturally and not flexed.

Measurement: _____

B) Shoulders, with arms hanging by placing the tape two inches below the top of the shoulder and around the arms, chest, and back during breath expiration.

Measurement: _____

C) Chest, by placing the tape under the arms and around the chest and back at the nipple line during breath expiration.

Measurement: _____

D) Abdomen circumference at navel level (relaxed).

Measurement: _____

E) Right thigh, midway between the hip and the knee

Measurement: _____



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Class 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

Note: Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a *licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412), OR FOR A NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-97).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME

TROOP

CAMPSITE

NAME

TROOP

CAMP SITE

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
(ADHD) Attention-Deficit								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

CLASS 2 MEDICAL EVALUATION
(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____ / _____ Pulse _____

Lab: Urinalysis (dipstick) _____ Albumin _____ Sugar _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____
Licensed health-care practitioner.*

Address _____ Phone _____

City, State, Zip _____

***Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.**

INTERVAL RECORD	SCREENING EXAMINATION	
Date, time, place, etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By _____
PHOTOCOPYING THIS FORM IS PERMITTED.		



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