

Scout Name: _____

Unit #: _____

Date: _____



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