<http://www.USScouts.Org> • <http://www.MeritBadge.Org>

Please submit errors, omissions, comments or suggestions about this **workbook** to: Workbooks@USScouts.Org

Comments or suggestions for changes to the **requirements** for the **merit badge** should be sent to: Merit.Badge@Scouting.Org

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Note: If meeting any of the requirements for this merit badge is against the Scout’s religious convictions, the requirement does not have to be done if the Scout’s parents and the proper religious advisors state in writing that to do so would be against religious convictions. The Scout's parents must also accept full responsibility for anything that might happen because of this exemption.*

 1. Do the following.

⬜ a. Before completing requirements 2 through 9, have your health-care practitioner give you a thorough examination using the Scout medical examination form.

Describe the examination.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Tell what questions the doctor asked about your health.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Tell what health or medical recommendations the doctor made and report what you have done in response to the recommendations.

Recommendations:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Response:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Explain the following:

 1. Why physical exams are important

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

 2. Why preventive habits (such as exercising regularly) are important in maintaining good health, and how the use of tobacco products, alcohol, and other harmful substances can negatively affect our personal fitness.

Why preventive habits are important:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Effect of tobacco products, alcohol, and other harmful substances:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

 3. Diseases that can be prevented and how

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

 4. The 7 warning signs of cancer:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

 5. The youth risk factors that affect cardiovascular fitness in adulthood

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

⬜ b. Have a dental examination. 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 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 food 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 lifestyle?

|  |
| --- |
|  |
|  |
|  |
|  |

 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 poor nutrition and the use of alcohol, tobacco, drugs, and other practices that could be harmful to your health?

|  |  |
| --- | --- |
| Nutrition: |  |
|  |
| Alcohol: |  |
|  |
| Tobacco: |  |
|  |
| Drugs: |  |
|  |
| Other practices: |  |
|  |

 g. Do you participate in a regular exercise program or recreational activities?

|  |
| --- |
|  |

 h. Do you sleep well at night and wake up feeling ready to start the new day?

|  |
| --- |
|  |

 i. Are you actively involved in the religious organization of your choice, and do you participate in its 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

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

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

|  |  |
| --- | --- |
| Aerobic Fitness Test Record your performance on ONE of the following tests: | Need to improve? |
| a. Run/walk as far as you can as fast as you can in nine minutes  |  |
| *b.* Run/walk 1 mile as fast as you can |  |
| Flexibility Test |  |
| Sit and Reach - Using a sit-and-reach box constructed according to specifications in the *Personal Fitness* merit badge pamphlet, make four repetitions and record the fourth reach. This last reach must be held steady for 15 seconds to qualify. (Remember to keep your knees down.) |  |
| Strength Tests You must do the sit-ups exercise and one other (either push-ups or pull-ups). You may also do all three for extra experience and benefit. |
| 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 *Personal Fitness* merit badge pamphlet. |  |
| b. Pull-Ups Record the total number of pull-ups completed correctly in 60 seconds. Be consistent with the procedures presented in the *Personal Fitness* merit badge pamphlet. |  |
| c. Push-Ups Record the total number of push-ups completed correctly in 60 seconds. Be consistent with the procedures presented in the Personal Fitness merit badge pamphlet. |  |
| Body Composition Evaluation Calculate your BMI and determine your BMI percentile. |
| BMI percentile. |  |

 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.

|  |  |
| --- | --- |
| Warm-up: |  |
|  |
| Aerobic Exercises: |  |
|  |
| Strength Exercises: |  |
|  |
| Flexibility Exercises: |  |
|  |
| Cool-Down: |  |
|  |

⬜ 8. Complete the physical fitness program you outlined in requirement 7. Keep a log of your fitness program activity (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 of the required activities in each of the three test categories, record your results, and show improvement in each one. For the body composition evaluation, compare and analyze your preprogram and postprogram body composition measurements. Discuss the meaning and benefit of your experience, and describe your long-term plans regarding your personal fitness.

FITNESS MEASUREMENTS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Test Results | InitialResults | 12 Week Goals | Week2 | Week4 | Week6 | Week8 | Week10 | Week12 | Change |
| Date |  |  |  |  |  |  |  |  |  |
| Aerobic Fitness |
| 9 Min. Run/walk ***-or-*** |  |  |  |  |  |  |  |  |  |
|  1 mi. Run/walk (time) |  |  |  |  |  |  |  |  |  |
| Flexibility |
| Flexibility Reach (cm) |  |  |  |  |  |  |  |  |  |
| Strength |
| Sit-ups in 60 sec |  |  |  |  |  |  |  |  |  |
| Pull-ups in 60 sec ***-or-*** |  |  |  |  |  |  |  |  |  |
| Push-ups in 60 sec |  |  |  |  |  |  |  |  |  |
| Body Composition |
| BMI percentile |  |  |  |  |  |  |  |  |  |

Discuss the meaning and benefit of your experience, and describe your long-term plans regarding your personal fitness.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

 9. Find out about three career opportunities in personal fitness.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
| --- | --- |
| Pick one and explain how to prepare for such a career. |  |
|  |
|  |
|  |
|  |
|  |
|  |

Discuss with your counselor what education and training are required, and explain why this profession might interest you.

Education

|  |
| --- |
|  |
|  |
|  |

Training

|  |
| --- |
|  |
|  |
|  |

Why this profession might interest you.

|  |
| --- |
|  |
|  |
|  |

**NOTE TO USERS: The wording of requirements 6 and 8 in the *2015 Boy Scout Requirements* booklet differs from the wording of those requirements in the current *Personal Fitness* merit badge pamphlet. The pamphlet also contains new requirements for the Aerobic Fitness, Flexibility, and Strength Tests and a “Body Composition Evaluation” which replaced the former “Body Composition Test”.
The details of those tests, which are referenced in requirements 6 and 8, no longer appear in the *Boy Scout Requirements* booklet. Since the details of the tests are integral to the requirements, this workbook uses the wording of requirements 6 and 8 from the merit badge pamphlet, in lieu of the wording in the booklet.**

#### SAMPLE FITNESS PROGRAM ACTIVITY LOG (Page 1)

**When working on merit badges, Scouts and Scouters should be aware of some vital information in the current edition of the *Guide to Advancement* (BSA publication 33088). Important excerpts from that publication can be downloaded from** [**http://usscouts.org/advance/docs/GTA-Excerpts-meritbadges.pdf**](http://usscouts.org/advance/docs/GTA-Excerpts-meritbadges.pdf)**.**

**You can download a complete copy of the *Guide to Advancement* from** [**http://www.scouting.org/filestore/pdf/33088.pdf**](http://www.scouting.org/filestore/pdf/33088.pdf)**.**

Day Fitness Program Activity & Notes Distance Duration Repetitions Heart Rate

Week 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 4

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### SAMPLE FITNESS PROGRAM ACTIVITY LOG (Page 2)

Day Fitness Program Activity & Notes Distance Duration Repetitions Heart Rate

Week 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 6

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 7

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 8

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### SAMPLE FITNESS PROGRAM ACTIVITY LOG (Page 3)

Day Fitness Program Activity & Notes Distance Duration Repetitions Heart Rate

Week 9

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 10

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 11

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Week 12

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |