



Personal Fitness

Merit Badge Workbook

This workbook is not required but is designed to help you with this merit badge. No one can add or subtract from the Boy Scout Requirements #33215. Use page backs & add pages as needed. Please send comments to: craig@craiglincoln.com. Requirements effective: January 1, 2007, Workbook updated: March 2007.

Scout's Name: _____ Unit: _____

Counselor's Name: _____ Counselor's Ph #: _____

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. _____

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 7 warning signs of cancer: _____

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 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 poor 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 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 component of physical fitness _____

Your 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.

OR

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. Remember to keep your knees down.

Muscular Strength Test - Record your performance on all three tests.

- 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.
- Pull-ups. Record the total number of pull-ups completed correctly in 60 seconds. Be consistent with the procedures presented in the merit badge pamphlet.
- Push-ups. Record the total number of push-ups completed correctly in 60 seconds. Be 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:

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

If possible, have the same person take the measurements whenever you are ready to be remeasured to chart your progress.

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. (Note: Per National, "parent" means "parent or guardian".)

Beginning Date: _____ Ending Date: _____

Goals: _____

Warm-up Activities: _____

Intensity Activities: _____

Endurance Activities: _____

Sessions per week: _____

Time per session: _____

Equipment needed: _____ Costs: _____

Facilities needed: _____ Costs: _____

Who will you exercise with? (Buddy system.) _____

Approvals: Counselor: _____ Parent/Guardian: _____

(The Counselor who approves your plan does not have to be the same Counselor who approves its completion.)

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.

FITNESS TESTS

Test Results	Initial	Week 2	Week 4	Week 6	Week 8	Week 10	Week 12	Change = Week12- Initial
Dates:								-----
9 Min. Run/walk -or- 1 mi. Run/walk (time)								
Flexibility Reach								
Sit-ups in 60 sec.								
Pull-ups.								
Push-ups.								

BODY COMPOSITION TEST

Measurements:	Initial	Week 12	Change = Week12-Initial	Compare & Analyze each change
Right upper arm	_____ inches	_____ inches	_____ inches	
Shoulders	_____ inches	_____ inches	_____ inches	
Chest	_____ inches	_____ inches	_____ inches	
Abdomen	_____ inches	_____ inches	_____ inches	
Right thigh	_____ inches	_____ inches	_____ inches	

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.

Pick one _____

and find out the education, _____

training, _____

and experience required for this professions. _____

Discuss what you learned with your counselor, and explain why this profession might interest you. _____

SAMPLE FITNESS PROGRAM ACTIVITY LOG (Page 1)

Day	Fitness Program Activity & Notes	Distance	Duration	Repetitions	Heart Rate
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____
31	_____	_____	_____	_____	_____
32	_____	_____	_____	_____	_____
33	_____	_____	_____	_____	_____
34	_____	_____	_____	_____	_____
35	_____	_____	_____	_____	_____
36	_____	_____	_____	_____	_____
37	_____	_____	_____	_____	_____
38	_____	_____	_____	_____	_____
39	_____	_____	_____	_____	_____
40	_____	_____	_____	_____	_____
41	_____	_____	_____	_____	_____
42	_____	_____	_____	_____	_____

SAMPLE FITNESS PROGRAM ACTIVITY LOG (Page 2)

Day	Fitness Program Activity & Notes	Distance	Duration	Repetitions	Heart Rate
43	_____	_____	_____	_____	_____
44	_____	_____	_____	_____	_____
45	_____	_____	_____	_____	_____
46	_____	_____	_____	_____	_____
47	_____	_____	_____	_____	_____
48	_____	_____	_____	_____	_____
49	_____	_____	_____	_____	_____
50	_____	_____	_____	_____	_____
51	_____	_____	_____	_____	_____
52	_____	_____	_____	_____	_____
53	_____	_____	_____	_____	_____
54	_____	_____	_____	_____	_____
55	_____	_____	_____	_____	_____
56	_____	_____	_____	_____	_____
57	_____	_____	_____	_____	_____
58	_____	_____	_____	_____	_____
59	_____	_____	_____	_____	_____
60	_____	_____	_____	_____	_____
61	_____	_____	_____	_____	_____
62	_____	_____	_____	_____	_____
63	_____	_____	_____	_____	_____
64	_____	_____	_____	_____	_____
65	_____	_____	_____	_____	_____
66	_____	_____	_____	_____	_____
67	_____	_____	_____	_____	_____
68	_____	_____	_____	_____	_____
69	_____	_____	_____	_____	_____
70	_____	_____	_____	_____	_____
71	_____	_____	_____	_____	_____
72	_____	_____	_____	_____	_____
73	_____	_____	_____	_____	_____
74	_____	_____	_____	_____	_____
75	_____	_____	_____	_____	_____
76	_____	_____	_____	_____	_____
77	_____	_____	_____	_____	_____
78	_____	_____	_____	_____	_____
79	_____	_____	_____	_____	_____
80	_____	_____	_____	_____	_____
81	_____	_____	_____	_____	_____
82	_____	_____	_____	_____	_____
83	_____	_____	_____	_____	_____
84	_____	_____	_____	_____	_____