



SCOUTMASTER BUCKY

Scouts participating in a Scoutmaster Bucky merit badge opportunity, whether online or in person, should consider using the Personal Fitness merit badge pamphlet for discovery and knowledge, along with the class preparation pages for clarifications, insights, and expectations.

<https://scoutmasterbucky.com/merit-badges/personal-fitness/personal-fitness-pamphlet.pdf>

<https://scoutmasterbucky.com/merit-badges/personal-fitness/personal-fitness-cpp.pdf>

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 PARENT OR GUARDIAN AND THE PROPER RELIGIOUS ADVISORS STATE IN WRITING THAT TO DO SO WOULD BE AGAINST RELIGIOUS CONVICTIONS. THE SCOUT'S PARENT OR GUARDIAN MUST ALSO ACCEPT FULL RESPONSIBILITY FOR ANYTHING THAT MIGHT HAPPEN BECAUSE OF THIS EXEMPTION.

REQUIREMENT 7 REQUIRES COUNSELOR APPROVAL.

REQUIREMENT 7 REQUIRES PARENT / GUARDIAN APPROVAL.

BEFORE COMPLETING REQUIREMENTS 2 THROUGH 9, HAVE YOUR HEALTH-CARE PRACTITIONER GIVE YOU A PHYSICAL EXAMINATION, USING THE SCOUT HEALTH AND MEDICAL RECORD FORM.

REQUIREMENT 1a1: Explain why physical exams are important.

Notes:

REQUIREMENT 1a2: Explain why preventive habits (such as exercising regularly) are important in maintaining good health.

Notes:



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REQUIREMENT 1a2: Explain how the use of tobacco products, alcohol, and other harmful substances can negatively affect your personal fitness.

Notes:

REQUIREMENT 1a3: Explain diseases that can be prevented and how.

DISEASE #1:

Example #1:

How this disease can be prevented:



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DISEASE #2:

Example #1:

How this disease can be prevented:

DISEASE #3:

Example #1:

How this disease can be prevented:

DISEASE #4:

Example #1:

How this disease can be prevented:



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DISEASE #5:

Example #1:

How this disease can be prevented:

DISEASE #6:

Example #1:

How this disease can be prevented:

DISEASE #7:

Example #1:

How this disease can be prevented:



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REQUIREMENT 1a4: Explain the seven warning signs of cancer.

Cancer Sign #1:

Cancer Sign #2:

Cancer Sign #3:

Cancer Sign #4:

Cancer Sign #5:

Cancer Sign #6:

Cancer Sign #7:



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REQUIREMENT 1a5: Explain the youth risk factors that affect cardiovascular health in adulthood.

Notes:

REQUIREMENT 1b: Have a dental examination. Get a statement saying that your teeth have been checked and cared for. Tell how to care for your teeth.

Notes:

REQUIREMENT 1b: Tell how to care for your teeth.

Notes:



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REQUIREMENT 2: Explain to your counselor verbally or in writing what personal fitness means to you.

Notes:

REQUIREMENT 2a: Explain to your counselor verbally or in writing reasons for being mentally fit.

Notes:

REQUIREMENT 2a: Explain to your counselor verbally or in writing reasons for being physically fit.

Notes:



REQUIREMENT 2a: Explain to your counselor verbally or in writing reasons for being socially fit.

Notes:

REQUIREMENT 2a: Explain to your counselor verbally or in writing reasons for being spiritually fit.

Notes:

REQUIREMENT 2b: Explain to your counselor verbally or in writing reasons for being fit in all components.

Notes:



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REQUIREMENT 2c: Explain to your counselor verbally or in writing what it means to be physically healthy.

Notes:

REQUIREMENT 2d: Explain to your counselor verbally or in writing what it means to be socially healthy.

Notes:

REQUIREMENT 3a: With your counselor, answer and discuss: Are you living in such a way that your risk of preventable diseases is minimized?

Notes:



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REQUIREMENT 3b: With your counselor, answer and discuss: Are you immunized and vaccinated according to the advice of your healthcare provider and the direction of your parent(s)/guardian(s)?

Notes:

REQUIREMENT 3c: With your counselor, answer and discuss: 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?

Notes:

REQUIREMENT 3d: With your counselor, answer and discuss: What are the advantages to getting a full night's sleep?

Notes:



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REQUIREMENT 3e: With your counselor, answer and discuss: Define a nutritious, balanced diet and why it is important.

Notes:

REQUIREMENT 3f: With your counselor, answer and discuss: Do you participate in a regular exercise program or recreational activities?

Notes:

REQUIREMENT 3g: With your counselor, answer and discuss: What are you doing to demonstrate your duty to God?

Notes:



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REQUIREMENT 3h: With your counselor, answer and discuss: Do you spend quality time with your family and friends in social and recreational activities?

Notes:

REQUIREMENT 3i: With your counselor, answer and discuss: Do you support family activities and efforts to maintain a good home life?

Notes:

REQUIREMENT 4a: Explain the areas of physical fitness.

Notes:

REQUIREMENT 4b: Explain your weakest and strongest area of physical fitness.

Notes:



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REQUIREMENT 4c: Explain the need to have a balance in the four areas of physical fitness.

Area #1:

Area #2:

Area #3:

Area #4:



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REQUIREMENT 4d: Explain how a program like the President's Council on Sports, Fitness & Nutrition can lead to lifelong healthful habits.

Notes:

REQUIREMENT 4e: Explain how the areas of personal fitness relate to the Scout Law and Scout Oath.

Notes:



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REQUIREMENT 5a: Explain the importance of good nutrition.

Notes:

REQUIREMENT 5b: Explain what good nutrition means to you.

Notes:



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REQUIREMENT 5c: Explain how good nutrition is related to the other components of personal fitness.

Notes:

REQUIREMENT 5d: Explain how to maintain a healthy weight.

Notes:



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BEFORE DOING REQUIREMENTS 7 AND 8, DO REQUIREMENT 6.

REQUIREMENT 6a: Complete the aerobic fitness, flexibility and muscular strength 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 FITNESS TEST:

Results:

FLEXIBILITY FITNESS TEST

Reach #1

Reach #2

Reach #3

Reach #4

MUSCULAR FITNESS TEST (NUMBER DONE IN 60 SECONDS):

Curl Ups

Pull Ups

Push Ups

REQUIREMENT 6b: Keep track of what you eat and drink for three days. Identify three healthy eating goals you want to work on.

Day 1 Eat / Drink Log



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Day 2 Eat / Drink Log

Day 3 Eat / Drink Log



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REQUIREMENT 7:

Outline a comprehensive 12-week physical fitness program using the results of your 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 parent or guardian.

PERSONAL FITNESS PLAN

1. Warm-Up Routine (practiced before each aerobic or strength routine)

Do ONE of the following:

- a. Jog or run in place two to three minutes.
- b. Easy rope skip for one to two minutes.
- c. Walk briskly for three to five minutes.
- d. Swim an easy stroke at a slow speed for 100 yards.

Do stretching exercises for three to five minutes.

- a. Thigh Stretch
- b. Achilles Tendon and Calf Stretch
- c. Straddle Stretch
- d. Lower Back Stretch
- e. Shoulder Stretch

2. Aerobic Routine (Two or three times per week)

Alternate with the strength routine. The distance, repetitions, and rest intervals should be reviewed and adjusted weekly as your performance improves.

Do ONE of the following:

Running Distance: _____ Repetitions: _____ Rest Time: _____

Swimming Distance: _____ Repetitions: _____ Rest Time: _____

Mid Distance Work Out 800 meter run: _____ 400 meter swim: _____

3. Strength Routine (Two or three times per week)

Alternate with aerobic routine; counts, repetitions, and rest intervals to be reviewed and adjusted weekly, as appropriate)

Push-Ups Repetitions Rest Time

Sit-Ups Repetitions Rest Time

Pull-Ups Repetitions Rest Time

4. Flexibility Routine (Five times per week)

Hamstring Stretch: Lie flat; extend one knee toward the head, with hands clasped together behind the knee. Slowly lift the foot upward, hold 15-20 seconds, then slowly lower back to the starting position. Repeat with the other leg. Do three repetitions.

Lower Trunk Rotations: Lie flat with knees slightly bent. Keep the knees together and slowly lower them to the left; hold 10-15 seconds. Raise the knees back to the standing position, then slowly lower the knees to the right; hold 10-15 seconds. Do three repetitions.

Cats and Camels: Get on hands and knees, with hands and knees a shoulder's width apart. Slowly arch the back upward, then lower it toward the floor. Straighten the back to a comfortable position. Do five repetitions.

5. Cool-Down (Five-minute "walk-and-talk" after each aerobic or strength routine) Do not neglect the cool-down period, which helps prevent muscle cramps after exercise and enhances the benefits of your physical fitness program.





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PARENT/GUARDIAN APPROVAL: IS REQUIRED.

Parent's / Guardian's Name

Phone or Email

Parent's / Guardian's Signature

Date *approved*

COUNSELOR APPROVAL: IS REQUIRED.

Counselor's Name

Phone or Email

Counselor's Signature

Date *approved*

Notes:



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REQUIREMENT 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.). Keep a log of your weekly healthy eating goals. Repeat the aerobic fitness, muscular strength, and flexibility tests every four 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.

WEEK 1:



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WEEK 2:



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WEEK 3:



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WEEK 11:



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WEEK 12:



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Day 1 Eat / Drink Log

REQUIREMENT 8: Discuss how well you met your healthy eating goals over these 12 weeks.

Notes:

REQUIREMENT 8: Discuss the meaning and benefit of your experience.

Notes:

REQUIREMENT 8: Describe your long-term plans regarding your personal fitness.

Notes:



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

Career Opportunity #1:

Career Opportunity #2:

Career Opportunity #3:

REQUIREMENT 9: Pick one and find out the education, training, and experience required for this profession. Discuss what you learned with your counselor.

Selected Career Opportunity:

Education Requirements:

Training Requirements:

Experience Requirements:

REQUIREMENT 9: Explain why this profession might interest you.

Notes: