SCOUTMASTER BUCKY

Personal Fitness Merit Badge Workbook

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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. These resources are available here:

https://scoutmasterbucky.com/merit-badges/personal-fitness/

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.

REQUIREMENTS 3 AND 6 ARE REQUIRED TO BE DONE WITH YOUR COUNSELOR.

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

REQUIREMENT 1: Explain to your counselor what personal fitness means to you.

Notes:

REQUIREMENT 1a:	Describe a person who is physically fit.

Notes:

REQUIREMENT 1b:	Describe a person who is mentally, emotionally and socially fit.

Notes:

REQUIREMENT 1c:	Describe a person who is spiritually fit.

Notes:

REQUIREMENT 1d:	Explain why it is important to be fit in all of these (physical, mental, and spiritual) ways.

Notes:

REQUIREMENT 1e:	Discuss how each aspect of personal fitness (physical, mental, and spiritual) relates to the Scout Oath and Scout Law.

Notes:

REQUIREMENT 2a:	Discuss the importance of having a physical examination each year.

Notes:

REQUIREMENT 2a:	Discuss why overall health, immunizations, medications, allergies, and medical history are covered during an examination.

OVERALL HEALTH:

Notes:

IMMUNIZATIONS:

Notes:

MEDICATIONS:
Notes:
ALLERGIES:
Notes:
MEDICAL HISTORY:
Notes:
REQUIREMENT 2a: Tell your counselor when you last underwent a physical examination.
Notes:

REQUIREMENT 2b:	Explain why it is important to have a routine dental examination.

Notes:

REQUIREMENT 2b:	Explain what preventive or corrective treatments your dentist can provide.

Notes:

REQUIREMENT 2b:	Explain why daily oral care is an important part of staying well.

Notes:

REQUIREMENT 2b:	Tell your counselor when you last underwent a dental examination.

Notes:

REQUIREMENT 3a:	With your counselor, explain the physical exercise you regularly do, whether your routine includes all four components of physical fitness (cardiorespiratory fitness, muscular strength and endurance, flexibility, and body composition), and how your current practices increase or decrease your likelihood of developing cardiovascular disease or other conditions in adulthood.

Notes:

REQUIREMENT 3b:	With your counselor, discuss what harmful substances you consciously avoid, and how these actions affect your risk factors now and in the future.

Notes:

REQUIREMENT 3c:	With your counselor, explain what common diseases can be prevented or mitigated by vaccinations, and whether you are immunized according to the advice of your healthcare provider and the direction of your parent or guardian.

Notes:

REQUIREMENT 3d:	With your counselor, discuss how good nutrition is related to the other components of personal fitness, and if you follow a nutritious, balanced diet.

Notes:

REQUIREMENT 3e:	With your counselor, discuss what a healthy weight is for you, and what you do to maintain a healthy weight.

Notes:

REQUIREMENT 3f:	With your counselor, explain why getting adequate sleep is important, and whether you get enough hours of sleep each night.

Notes:

REQUIREMENT 3g:	With your counselor, discuss whether you spend quality time with your family and friends in social and recreational activities.

Notes:

REQUIREMENT 3g:	With your counselor, discuss how you contribute to creating and maintaining a good home life.

Notes:

WHILE NOT REQUIRED, IT IS STRONGLY RECOMMENDED TO COMPLETE REQUIREMENTS 4 THRU 7 WITH THE SAME MERIT BADGE COUNSELOR.

REQUIREMENT 4: Determine with your counselor the assessments of physical fitness and nutrition you will do before, during, and after completing the 12-week program in requirement 7.

Notes:

REQUIREMENT 4a: Include a measure of cardiorespiratory (aerobic) fitness: Record the time required to complete a mile walk or run as fast as you can. If you are unable to walk or run as a result of a disability that is permanent or is expected to last for longer than two years, work with your counselor to define a test with a similar degree of aerobic challenge.

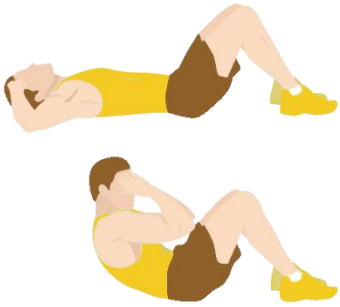
Time required to complete a mile walk or run before, during, and after 12-week program for requirement 7:

Before	Week 4	Week 8	After Week 12

REQUIREMENT 4b:	Include two measures of muscular strength and endurance: Record either the number of sit-ups done in 60 seconds OR how long a plank was held; AND, record the number of either push-ups OR pull-ups done in 60 seconds. If you are unable to complete one of these exercises safely and correctly, work with your counselor to replace it with a different exercise that measures strength and endurance.

MEASURE 1:

You must do the same choice for all three measurements



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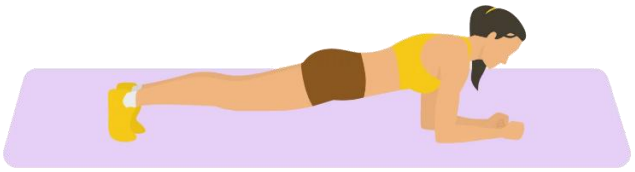


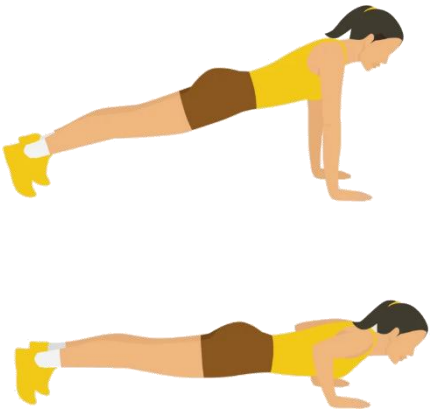
# of sit-ups in 60 seconds

duration of time that plank position is held.

Before	**During**	**After**

MEASURE 2:

You must do the same choice for all three measurements



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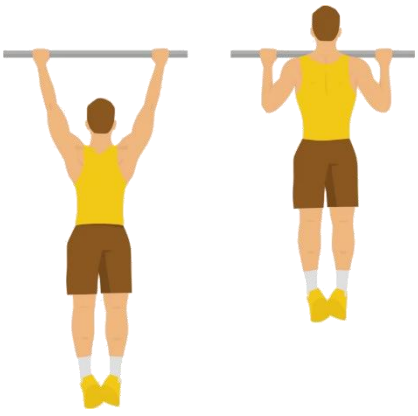

# of push-ups in 60 seconds

# of pull-ups in 60 seconds

Before	**Week 4**	**Week 8**	**After Week 12**

REQUIREMENT 4c:	Include at least one measure of flexibility, such as a back-saver sit-and-reach test or a back scratch test

You must do the same choice for all three measurements

OR

Before	**Week 4**	**Week 8**	**After Week 12**

Notes:

REQUIREMENT 5a:	Before beginning the 12-week program in requirement 7, complete each of the assessments you defined in requirement 4, and record your results.
REQUIREMENT 5b:	Before beginning the 12-week program in requirement 7, identify your weakest and strongest area of physical fitness, and choose an area to target for improvement.

Notes:

REQUIREMENT 5c: Before beginning the 12-week program in requirement 7, Keep a log of what you eat and drink for a period of three days.

Day 1 Eat / Drink Log

Date	*What was eaten or drank*	*Eat or Drink*	*Meal (Breakfast, Lunch, Dinner) or Snack*

Day 2 Eat / Drink Log

Date	*What was eaten or drank*	*Eat or Drink*	*Meal (Breakfast, Lunch, Dinner) or Snack*

Day 3 Eat / Drink Log

Date	*What was eaten or drank*	*Eat or Drink*	*Meal (Breakfast, Lunch, Dinner) or Snack*

REQUIREMENT 5d:	Before beginning the 12-week program in requirement 7, based on your diet log (from requirement 5c), identify at least two improvement goals related to diet and nutrition.

Notes:

REQUIREMENT 6:	Outline with your counselor a comprehensive 12-week physical fitness and nutrition program that you will complete based on your improvement goals and ability. The program must incorporate the following: a. Warm-up: low-intensity movement or gentle muscle stretching before each more rigorous workout b. Cardiorespiratory (aerobic) element: an activity that raises your heart and respiratory rate for 15 to 30 minutes at least three times per week c. Muscular strength and endurance element: repetitive exercises that target different muscles - upper body, core, and/or legs - based on your improvement goals and potential d. Flexibility element: movements that arch/lower/stretch/relax your back, rotate your trunk, or stretch your hamstrings e. Cool-down: low-intensity movement or gentle stretching to prevent muscle cramps and enhance the benefits of exercise f. A plan for achieving your two improvement goals related to diet and nutrition

Notes:

PERSONAL FITNESS PLAN

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

Consider doing 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

B. 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: _____

C. 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 _____

D. 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 1O-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.

E. 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.

Notes:

REQUIREMENT 7a: Complete and keep a log, over 12 consecutive weeks, of the physical fitness and nutrition program you have outlined. (If your program is interrupted by illness or unavoidable conflicts for less than two weeks, you may resume where you left off, adding the missed days or weeks at the end).

WEEK 1:

Date	*Food / Drink Item*	*Desired Goal*	*Actual Consumed*

Date	*Fitness Program Activity and Notes*	*Distance*	*Duration*	*Repetitions*	*Heart Rate*

WEEK 2:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 3:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 4:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 5:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 6:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 7:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 8:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 9:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 10:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 11:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

WEEK 12:

Date	Food / Drink Item	Desired Goal	Actual Consumed

Date	Fitness Program Activity and Notes	Distance	Duration	Repetitions	Heart Rate

REQUIREMENT 7b:	During week 4 and week 8 of your program, repeat the assessments you did in requirement 5(a) before you began. Repeat the same tests for a final assessment within two weeks after completing the 12-week program. Show improvement over your pre-assessment results.
Go back to Requirement 4 in this workbook to record your results	
REQUIREMENT 7c:	For three days during week 8, and again during week 12, keep a log of what you eat and drink. Show improvement toward the diet and nutrition goals you set in requirement 5(d).
REQUIREMENT 7d:	Discuss your results, improvements, insights, and experiences with your counselor after completing the program and assessments.

Notes:

DO ONE OF THE FOLLOWING (8A or 8B) FOR REQUIREMENT 8

REQUIREMENT 8a:	Explore three careers related to personal fitness.
Career Opportunity #1:	
Career Opportunity #2:	
Career Opportunity #3:	

REQUIREMENT 8a:	Research one career area by interviewing an expert in the field, visiting a site, or using other resources. Learn about training, education, expenses, job outlook, salary, and advancement.
Selected Career Opportunity:	
Training:	
Education:	
Job Outlook:	
Salary	

Advancement:

REQUIREMENT 8a:	Discuss your findings and career interest with your counselor.

Notes:

REQUIREMENT 8b:	Explore how an area of personal fitness could contribute to a hobby or healthy lifestyle.

Notes:

REQUIREMENT 8b:	Research education, costs, and organizations related to this activity.
Education:	
Costs:	
Organizations:	
REQUIREMENT 8b:	Discuss your findings and goals with your counselor.
Notes:	