Name

R.F.D. or

Age

Street Address

Town

County, Oregon

School

Dist. No

Local Leader

<table>
<thead>
<tr>
<th>Name</th>
<th>Club No.</th>
<th>R.F.D. or</th>
<th>Age</th>
<th>Street Address</th>
<th>Town</th>
<th>County</th>
<th>School</th>
<th>Dist. No</th>
<th>Local Leader</th>
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</table>

HEALTH CLUB PROJECT

Record Book

Oregon State System of Higher Education
Federal Cooperative Extension Service
Oregon State College
Corvallis

Cooperative Extension Work in Agriculture and Home Economics
Wm. A. Schoenfield, Director
Oregon State Agricultural College, United States Department of Agriculture, and State Department of Education, Cooperating
Printed and distributed in furtherance of the Acts of Congress of May 8 and June 30, 1914

S-4

September 1938
## WEIGHT AND HEIGHT RECORD

### FIRST WEIGHING

**Beginning of Project**

<table>
<thead>
<tr>
<th>Date</th>
<th>Age: Years</th>
<th>Months</th>
<th>Height: inches</th>
<th>Weight: pounds</th>
</tr>
</thead>
</table>

**Average weight**

*Average weight for height and age is given on chart furnished your local leader or teacher.

**PICTURE** your gain or loss in weight on this chart.

Place your weight on first weighing in space indicated below. Then each month on being weighed darken the square which represents your weight.

In this way you keep a record of your gain or loss in weight.

Each square represents 1 pound.

Start Here: Wt.

### LAST WEIGHING

**Close of Project**

<table>
<thead>
<tr>
<th>Date</th>
<th>Height: inches</th>
<th>Weight: pounds</th>
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</thead>
</table>

Pounds gained

Pounds lost

### Chart

<table>
<thead>
<tr>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
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2
PHYSICAL RECORD REPORT

Each 4-H Health Club member will check, or have checked upon inspection or examination by teacher, health nurse, or physician, his or her physical condition as listed below.

CHECK or indicate who made inspection or examination: Teacher (....); Nurse (....); Physician (....).

Consider NORMAL when no professional treatment is needed or where professional treatment has been employed to correct defects.

Consider DEFECTS as conditions where professional attention is needed but not yet employed.

Check (V) NORMAL or DEFECTIVE as case may be.

BEGINNING OF PROJECT

<table>
<thead>
<tr>
<th>EYES</th>
<th>normal (....); defective (....)</th>
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</thead>
<tbody>
<tr>
<td>EARS</td>
<td>normal (....); defective (....)</td>
</tr>
<tr>
<td>NOSE</td>
<td>normal (....); defective (....)</td>
</tr>
<tr>
<td>THROAT</td>
<td>normal (....); defective (....)</td>
</tr>
<tr>
<td>TEETH</td>
<td>normal (....); defective (....)</td>
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<tr>
<td>POSTURE</td>
<td>normal (....); defective (....)</td>
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</table>

PHYSICIAN ONLY

<table>
<thead>
<tr>
<th>HEART</th>
<th>normal (....); defective (....)</th>
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</thead>
<tbody>
<tr>
<td>LUNGS</td>
<td>normal (....); defective (....)</td>
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<tr>
<td>GLANDS</td>
<td>normal (....); defective (....)</td>
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<tr>
<td>SKIN</td>
<td>normal (....); defective (....)</td>
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<tr>
<td>ORTHOPEDIC</td>
<td>n'l (....); defective (....)</td>
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IMMUNIZATION REPORT

Health is preserved by fighting diseases before they attack the body. Immunization is the most successful defense against disease.

Your County Health Unit holds an immunization clinic each year for prevention of Smallpox and Diphtheria or your physician can give you this service.

Check (V) the report below indicating whether or not you have had a vaccination for the prevention of Smallpox, and Toxin-antitoxin or Toxoid for the prevention of Diphtheria.

BEFORE PRESENT SCHOOL YEAR DURING PRESENT SCHOOL YEAR

SMALLPOX vaccination: Yes (....); No (....) SMALLPOX vaccination: Yes (....); No (....)

DIPHTHERIA: Toxoid or Toxin-antitoxin: Yes (....); No (....) DIPHTHERIA: Toxoid or Toxin-antitoxin: Yes (....); No (....)

SCHICK TEST: Neg. (....); Pos. (....) SCHICK TEST: Neg. (....); Pos. (....)

Colds

Colds are annoying at least and may lead to more serious diseases. Influenza, measles, scarlet fever, or whooping cough may start with what seems to be only a sore throat or cold.

Avoid Taking Cold.

The chart below should be used to record the months in which you have a cold. Place a cross (x) in the square under the month you have a cold. A contest to see who will have no colds during the school year would be interesting.

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4
HEALTH HABITS TO BE PRACTICED AT HOME AND AT SCHOOL

Each of the personal activities listed below will help you to health and happiness. Some of these things help you to grow normally. Others aid you to keep well or to become more comfortable, and at the same time to make you better company when in the presence of other people. It is fine to do all of these things naturally as habits without thinking about them. You can establish a habit quickly when young by selecting something you wish to do to improve yourself, and then carefully remembering a few times to perform the activity chosen until you do it with little or no thought.

Read over the four sections of Health Habits below and select at least one of those with numbers in which you wish to make improvement. At the beginning of each term repeat this process, thus working on at least four habits for improvement during the school year. Items from the supplement for 1938-39 on page 6 may be used in place of those below.

At the beginning of the project, check (V) on the left side those items in which you wish to make improvement.

At the end of the project, check (V) on the right side those habits in which you have made improvement.

HEALTHFUL FOOD HABITS FOR A NORMAL PERSON

1. (....) Eating a well-balanced daily diet .............................................................. (....)
2. (....) Eating a good breakfast .......................................................................... (....)
3. (....) Eating a good school lunch .................................................................... (....)
4. (....) Eating a hot school lunch dish ............................................................... (....)
5. (....) Eating meals at regular time ..................................................................... (....)
6. (....) Eating no sweets between meals ............................................................... (....)
7. (....) Eating slowly (very important) ................................................................. (....)
8. (....) Learning to like wholesome foods heretofore not eaten. List here: ............................................. (....)

PERSONAL CLEANLINESS HABITS WORTH ACQUIRING

1. (....) Washing before eating ............................................................................... (....)
2. (....) Brushing teeth daily: (....) Once ............................................................. (....)
   (....) Twice ........................................................................................................ (....)
3. (....) Taking a bath weekly: (....) Once ............................................................. (....)
   (....) Twice ........................................................................................................ (....)
4. (....) Regular change of clothes ......................................................................... (....)
5. (....) Regular care of hair .................................................................................. (....)
6. (....) Regular care of nails ................................................................................ (....)
7. (....) Washing hands after using toilet ............................................................... (....)

HEALTHFUL HABITS OF REST AND EXERCISE

1. (....) Required sleep for age ............................................................................... (....)
2. (....) Sleeping with windows open ..................................................................... (....)
3. (....) Rest periods daily ..................................................................................... (....)
4. (....) Two hours daily exercise outdoors ........................................................... (....)
GOOD POSTURE

1. (...) Sitting .................................................................(....)
2. (...) Standing ...............................................................(....)
3. (...) Walking ...............................................................(....)

FOR THOSE DOING 1938-39 SUPPLEMENTARY WORK

1. Continued improvement in food habits:
   (...) Avoidance of frequent fried foods................................................(....)
   (...) Avoidance of coffee and tea.........................................................(....)
   (...) Including milk in the school lunch.............................................(....)
   (...) Washing raw fruits and vegetables before eating them...............(....)

2. Clothing:
   (...) Keeping feet and head dry in wet weather.............................(....)
   (...) Removal of outdoor wraps when indoors.................................(....)
   (...) Wearing separate night clothing.............................................(....)

3. Exercise:
   (...) Spending at least two hours daily at outdoor exercise.............(....)
   (...) Stopping exercise before body becomes overfatigued or strained..(....)
   (...) Being a good loser as well as a good winner in sports.............(....)

SUMMARY OF HEALTH ACTIVITIES DURING YEAR

CORRECTION OF PHYSICAL DEFECTS

1. Have you been to a doctor (physician) or dentist since this club started or since close of last club year for correction of:

   EYES: glasses fitted; if so, check here...........................................(....)
   EARS: hearing; if so, check here.....................................................(....)
   NOSE: removal of adenoids; if so, check here...................................(....)
   TEETH: examined, pulled, or filled; if so check here......................(....)
   THROAT: removal of diseased tonsils; if so check here...................(....)
IMMUNIZATION

2. Have you had vaccination for Smallpox during present school year or since the close of last club year? If so check here

Have you had Toxoid immunization for Diphtheria during present school year or since the close of last club year? If so check here

HEALTH HABITS

3. Have your food habits during the 4-H Club Health program improved?

If so check here

4. Have you improved your habits of personal cleanliness during the 4-H Club Health program? If so check here

5. Have you improved your habits of rest and exercise during the 4-H Club Health program? If so check here

6. Have you improved your posture during the 4-H Club Health program? If so check here

7. Have you improved your clothing and dressing habits during the 4-H Club Health program? If so check here
STORY OF MY HEALTH CLUB WORK

Tell something of what you have done to improve your health, how you enjoyed the project and what your Mother and Father think of the Health Project.