Name	Age Club No
R.F.D. or Street Address	(Nearest birthday) Grade in School
Post Office	Parent's Name
te'	(In full)
^{[Q} County	Local Leader's Name
•	(In full)
School Di	st. No Address
	Year 194

4-H Club Member's Record Book

Growth and Health Project



NATIONAL 4-H CLUB PLEDGE

I Pledge

my HEAD to clearer thinking my HEART to get en loyal my HANDS to law service, and my HEALTH to better living, for my club, my community, and my country.

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

Club Series S

Help Yourself to Health and Happiness

As a Health Club member you will want to "check up" on yourself. Decide which health habits are now a part of your daily living and which you need to improve. Choose one or two habits to improve each month. See how many checks you can really earn in the "I have improved" column during the school year.

Consider your habits carefully—then check—then improve.

Food Habits

	I do now	I need to improve	I have improved
Food I need to eat every day.			
Milk—for health, bones, teeth—3 to 4 cups.			
Fruits and Vegetables—for health and growth. Green and Yellow—Vitamin A—one serving.			_
Tomato, citrus fruit or raw cabbage— Vitamin C—one serving.			
Potato—one serving.			
Two additional servings of either fruits or vegetables.			
Meat, Poultry, Fish or Cheese for body building—one or more servings.			
Bread or Cereals—whole grain or enriched. Every meal for energy and vitamins.			
Butter—for Vitamin A. One to five tablespoons.			<u> </u>
I eat three meals at regular hours.			<u> </u>
I drink at least 4 to 6 glasses of water.			
I eat sweets with meals instead of between meals.			
I drink carbonated beverages only occasionally.			

Habits to Control Disease

	I d	lo now	I need to improve	I have improved
I stay at home with a cold.				
I use a handkerchief for coughs and sneezes.				
I avoid using a common towel, toilet articles, or drinking cup.				
I am immunized and vaccinated.				

The Dragger

Personal Health Habits

=				
_		I do now	I need to improve	I have improved
Ι	smile often. A smile is a tonic for myself and others.			
I	wear healthful clothing. Correctly fitted shoes.			
	Keep feet and head dry in wet weather.			
	Remove outdoor wraps when in doors.			
	Wear separate night clothing.		-	
I	am clean to avoid infection and for good appearance.			
	Wash my hands before eating.			
	Brush my teeth twice daily.			<u> </u>
	Take a bath at least twice a week.		_	
	Wash my hair at least twice a month.			
	Clean my nails at least once a day.			
	Wash my hands after using toilet.			
	Wear clean clothing.			
	Keep my shoes shined.			
I	have good posture—for good looks and good health. Sit erect.			
	Stand erect.			
_	Walk correctly.			
	get sufficient sleep and feel like getting up in the morning. Sleep 9 to 11 hours.			
	exercise in the fresh air. Play outdoors 1 to 2 hours daily.			
	Stop exercising before I am too tired.			
	breathe correctly. Breathe deeply using the diaphragm.			
	use my eyes wisely. Sufficient light correctly placed.			
1	Upright position for reading.			

Safety Habits to Protect Yourself and Others

	1	do	now.	I need to improve	I have improved
Habits I observe on the highway. Use left side of road when walking.					
Step off highway when I meet a vehicle.					
Carry light when walking or bicycling at night.					
Observe traffic rules when riding a bicycle.					
I use an axe and knife carefully.					
I am careful with matches and fire.					
I handle all guns as if loaded.					
I know what to do at home or school in case of fire.					
I help to keep stairs and other passageways clear.					

How I Rate as a 4-H Member

	I do now	I need to improve	I have improved
I do my part cheerfully and well at club meetings.			
I take an active part in our group Health activity.			
I cooperate with others.			
I show good sportsmanship in games and contests.			
I practice courtesy at all times.			
I keep my record book up to date.			

Weight and Height Record

First Weighing Last Weighing Beginning of Project Close of Project Date Date Age: Years..... Months.... Height: inches Height: inches Height gained Weight: pounds Weight: pounds Pounds gained Try to Keep Growing Each Month Sept. PICTURE your gain or Oct. Dec. June Jan. Mar Julyloss 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. In case your weight line drops, explain here, if you know the reason.

Physical Examination Report

Each 4-H Club member should be examined by a dentist and by a physician or nurse, or if this is impossible, by the teacher. Examinations should be made in September and October and if possible, again at the end of the school year. At the beginning and end of the Health project each club member should check or have checked his physical condition as listed below.

Consider NORMAL when no professional treatment is need or where pro-

fessional treatment has been employed to correct defects.

Consider Defects as conditions where professional attention is needed but

Check (V) NORMAL OF DEFECTIVE	as case may be.
Condition at Beg	inning of Project
May be checked by Teacher or Nurse	Checked by Physician
EYES: normal (); defective () EARS: normal (); defective () NOSE: normal (); defective () THROAT: normal (); defective () TEETH: normal (); defective () POSTURE: normal (); defective () Date	HEART: normal (); defective () LUNGS: normal (); defective () GLANDS: normal (); defective () SKINS normal (); defective () ORTHOPEDIC: n'l (); defective () Date Signature
Immunizati	_
IMMUNIZATION is the most successful d	immunization clinic each year for pre-
Smallpox vacci-	Smallpox vacci-
nation: Yes (): No () DIPHTHERIA: Toxoid or Toxinantitoxin: Yes (); No ()	nation:
Tuberci	ılin Test
Negative (); positive ()	Negative (); positive () If positive, medical examination in-
If positive, medical examination including fluoroscope or X-ray of chest: Yes (); No ()	cluding fluoroscope or X-ray of chest: Yes (); No ()
cluding fluoroscope or X-ray of chest: Yes (); No () What improvements have you mad of your physical examination?	cluding fluoroscope or X-ray of chest: Yes (); No () e during the 4-H Club year as a result

Leader's Statement

What are the most noticeable improvements of habits tha	t this member has
made during the year?	
Signature	
Local 4-H Leader	

My 4-H Story

Tell what you feel you have gained from being a 4-H Health Club member and what you and your club have done to make your community a better place to live.

Cooperative Extension Work in Agriculture and Home Economics

Wm. A. Schoenfeld, Director

Oregon State 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