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DOCUMENT
COLLECTION
OREGON
COLLECTION

Name..... Club No.

Age..... R.F.D. or Street Address

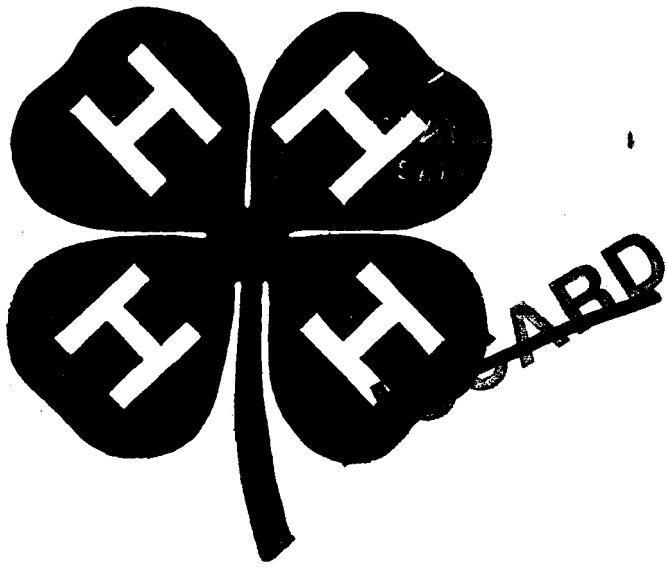
Town..... County....., Oregon

School..... Dist. No.

Local Leader

4-H Club Member's Record Book

GROWTH AND HEALTH PROJECT



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

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

Club Series S-9

August 1941
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PHYSICAL EXAMINATION REPORT

Each 4-H Club member should be examined by a dentist and by a physician or nurse if possible. If impossible, the teacher should inspect his or her physical condition. 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.

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

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 (✓) NORMAL or DEFECTIVE as case may be.

CONDITION AT BEGINNING OF PROJECT	NATURE OF IMPROVEMENTS MADE BY CLOSE OF PROJECT
EYES: normal (....); defective (....)	EYES:
EARS: normal (....); defective (....)	EARS:
NOSE: normal (....); defective (....)	NOSE:
THROAT: normal (....); defective (....)	THROAT:
TEETH: normal (....); defective (....)	TEETH:
POSTURE: normal (....); defective (....)	POSTURE:

PHYSICIAN ONLY

CONDITION AT BEGINNING OF PROJECT	NATURE OF IMPROVEMENTS MADE
HEART: normal (....); defective (....)	HEART:
LUNGS: normal (....); defective (....)	LUNGS:
GLANDS: normal (....); defective (....)	GLANDS:
SKIN: normal (....); defective (....)	SKIN:
ORTHOPEDIC: n'l (....); defective (....)	ORTHOPEDIC:
Date.....	Signature of Physician.....
Date.....	Signature of Physician.....

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 and your physician can give you this service.

Check (✓) 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

IMPROVEMENTS MADE DUR-
ING PRESENT SCHOOL YEAR

SMALLPOX vacci-
nation Yes (....); No (....)
DIPHTHERIA: Toxoid or Toxin-
antitoxin: Yes (....); No (....)
SCHICK TEST: Neg. (....); Pos. (....)

SMALLPOX vacci-
nation:
DIPHTHERIA: Toxoid or Toxin-
antitoxin:
SCHICK TEST:

TUBERCULIN TEST

Negative (....); positive (....)
If positive, medical examination in-
cluding fluroscope or X-ray of chest:
Yes (....); No (....)

Negative (....); positive (....)
If positive, medical examination in-
cluding fluroscope or X-ray of chest:
Yes (....); No (....)

CORRECTION AND IMMUNIZATION SIGNATURES

Have physician or dentist sign after correction has been made.

NATURE OF
IMPROVEMENT

INSPECTION MADE

EARS.	Signature:	Date:
EYES.	Signature:	Date:
NOSE.	Signature.	Date:
TEETH.	Signature:	Date:
THROAT.	Signature:	Date:
OTHER CORRECTIONS MADE:	Signature:	Date:
IMMUNIZATIONS AND TUBERCULOSIS TEST:	Signature:	Date:

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 following chart 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.

Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.

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 sections of *health habits* that follow, and select at least one in which you wish to make improvement. Check it (✓) on the left side of the page and try to improve yourself. At the beginning of each two months' period repeat this process, thus working on at least four habits for improvement during the school year.

HEALTHFUL FOOD HABITS FOR A NORMAL SCHOOL CHILD

1. Eating adequate building and protective foods daily. The following are the minimum standards *for one day*:
 - (....) a. Whole milk, fresh or evaporated. 3 to 4 cups.
 - (....) b. Egg. 3 or 4 times per week at least.
 - (....) c. Meat, poultry, fish, or cheese. One or more servings.
 - (....) d. Vegetables. Two servings. One green or yellow and one other.
 - (....) e. Fruit. Two servings. One citrus, tomato, strawberry, melon, or raw cabbage. One other.
 - (....) f. Potato. One.
 - (....) g. Butter. One to five tablespoons.
 - (....) h. Bread and cereal. Whole grain or "enriched" at least half of the intake.
 - (....) i. Water. 4 to 6 glasses.

PERSONAL CLEANLINESS HABITS WORTH ACQUIRING

1. (....) Washing hands before eating.
2. (....) Brushing teeth daily: (....) Once; (....) Twice.
3. (....) Taking a bath weekly: (....) Once; (....) Twice.
4. (....) Changing to clean underwear at least once a week.
5. (....) Washing hair at least twice a month.
6. (....) Cleaning nails at least once a day.
7. (....) Washing hands after using toilet.

HEALTHFUL HABITS OF REST AND EXERCISE

1. (....) Sleeping at least 9½ hours each night.
2. (....) Sleeping with windows open.
3. (....) Rest periods daily.
4. (....) Two hours daily exercise outdoors.
5. (....) Stopping exercise before body becomes overfatigued or strained.

GOOD POSTURE

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

SAFETY

1. (....) Using left side of road when walking.
2. (....) Stepping off highway when you meet a vehicle.
3. (....) Carrying light when walking or bicycling on highway at night.
4. (....) Observing traffic rules when riding a bicycle.
5. (....) Careful use of axe and knife.
6. (....) Keeping stairs and other passageways clear.
7. (....) Careful use of matches and fire.
8. (....) Realizing that all guns may be loaded.

CLOTHING

1. (....) Keeping feet and head dry in wet weather.
2. (....) Wearing correctly fitted shoes.
3. (....) Removal of outdoor wraps when indoors.
4. (....) Wearing separate night clothing.

GOOD SPORTSMANSHIP

1. (....) Being a good loser as well as a good winner in sports.
2. (....) Avoidance of tobacco and alcohol.
3. (....) Improvement of mental habits and attitudes.
4. (....) Avoidance of excessive use of "soft beverages."

SANITATION

1. (....) Family or school following recommended methods of controlling flies, mosquitoes, and other insects.
2. (....) Screening home or school according to recommendations.
3. (....) Installing sanitary closet in home or school according to recommendations.

HEALTH HABITS IN WHICH YOU HAVE MADE IMPROVEMENTS

Check (✓) at the left side those habits in which you have improved.

HEALTHFUL FOOD HABITS FOR A NORMAL SCHOOL CHILD

1. Eating adequate building and protective foods daily. The following are the minimum standards *for one day*:
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 - (....) b. Egg. 3 or 4 times per week at least.
 - (....) c. Meat, poultry, fish, or cheese. One or more servings.
 - (....) d. Vegetables. Two servings. One green or yellow and one other.
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7. (....) Washing hands after using toilet.

HEALTHFUL HABITS OF REST AND EXERCISE

1. (....) Sleeping at least 9½ hours each night.
2. (....) Sleeping with windows open.
3. (....) Rest periods daily.
4. (....) Two hours daily exercise outdoors.
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GOOD POSTURE

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

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1. (....) Using left side of road when walking.
2. (....) Stepping off highway when you meet a vehicle.
3. (....) Carrying light when walking or bicycling on highway at night.
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5. (....) Careful use of axe and knife.
6. (....) Keeping stairs and other passageways clear.
7. (....) Careful use of matches and fire.
8. (....) Realizing that all guns may be loaded.

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SANITATION

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SUMMARY OF IMPROVEMENTS MADE DURING CLUB YEAR

Gain in height..... Gain in weight.....

Physical corrections made.....

.....

Immunizations made
 Tuberculin test made (Check (✓) if done).
 Examination by Physician..... Nurse..... Dentist.....
 Fewer colds (Check (✓) if fewer).
 Eating more building and protective foods (Check (✓) if eaten).
 Improvements in cleanliness habits (Check (✓) if any).
 Improvements in habits of rest and exercise (Check (✓) if any).
 Improvements in posture (Check (✓) if any).
 Improvements in habits of safety (Check (✓) if any).
 More healthful clothing habits (Check (✓) if any).
 Better sportsmanship (Check (✓) if improved).
 Better sanitation at home or school (Check (✓) if improved).
 Better health as a result of health program (Check (✓) if improved).

LEADER'S STATEMENT AND SIGNATURE

Leader please write here the most noticeable improvements of habits that he or she has observed in the Club member. Please initial any items checked above.

To the best of my knowledge I believe that the records contained in this Record Book are correct.

Signature of Leader.....

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. Continue story on additional sheets if needed.