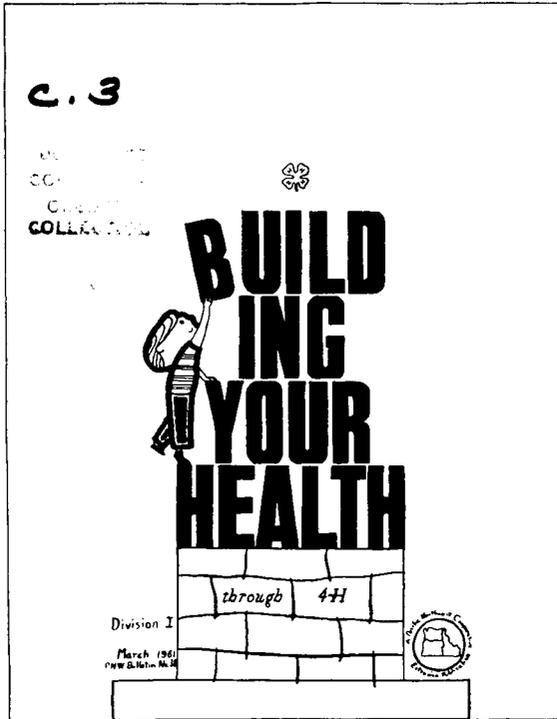
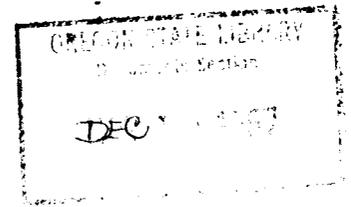


613
O-363b



4-H Club Record

DIVISION I

4-H Health Project

Building Your

Health Through 4-H

19____
Year

My Name Age

My Address

County Club No.

Name of My Club

Year In Club Work Year In School

My Parents' Signature

Approved by
(My Local Leader)



COOPERATIVE EXTENSION SERVICE

OREGON STATE UNIVERSITY • CORVALLIS

9-67-3M

4-H 761R

WHAT I WILL DO

- Belong to a 4-H Club.
- Complete lessons in project book.
- Fill out a record book.
- Give one demonstration on health.
- Try to improve my health habits.
- Illustrate one health lesson with a poster.

(11"x14")

WHAT I WILL EXHIBIT

- My record book and story.
- My health poster.

THE 4-H PLEDGE

I Pledge . . .

- my HEAD to clearer thinking,
 - my HEART to greater loyalty,
 - my HANDS to larger service, and
 - my HEALTH to better living,
- for my Club, my Community and my Country.

MY GROWTH RECORD

Name Age

MEASURE AND WEIGH CAREFULLY

	HEIGHT IN INCHES
AUG.	
JULY	
JUNE	
MAY	
APR.	
MAR.	
FEB.	
JAN.	
DEC.	
NOV.	
OCT.	
SEPT.	

INCHES

measure height every
2 months

**HOW MANY INCHES
DID YOU GROW?**

.....inches

Average height

- 10 yr. 54 inches
- 11 yr. 56 inches
- 12 yr. 58 inches

	WEIGHT IN POUNDS
AUG.	
JULY	
JUNE	
MAY	
APR.	
MAR.	
FEB.	
JAN.	
DEC.	
NOV.	
OCT.	
SEPT.	

POUNDS

weight every month

**HOW MANY POUNDS
DID YOU GAIN?**

.....pounds

Average gain in weight

- 10 yr. 6-8 pounds
- 11 yr. 7-10 pounds
- 12 yr. 9-12 pounds

MY HEALTH SCORECARD

Outward Signs of Good Health	My Score			Other Score (leader, nurse, or teacher)		
	Good	Fair	Poor	Good	Fair	Poor
Expression: Alert and happy						
Attitude: Eager and willing to take part in activities						
Appetite: Good appetite and willing to try new foods						
Weight: Right for height, age and body type						
Posture: Sits and stands straight and tall						
Muscles: Firm and strong, enjoys both work and play						
Teeth: Clean and even and any defects corrected						
Skin: Smooth and clear						
Eyes: Bright and clear with no dark circles under them and lids free from inflammation						
Hair: Shiny and scalp free from dandruff						

MY SCORE WAS GOOD ON THESE POINTS

1.
2.
3.
4.

I NEED TO IMPROVE ON THESE POINTS

1.
2.
3.
4.

The goals of your Health Project should be to **keep** your good health habits and **improve** those in which you scored only **Fair** or **Poor**.

CLEANLINESS CHART

Check if your answer is "YES"

M T W TH F S S

1. Did you have a clean face, neck and ears this morning?
2. Did you brush your teeth or rinse your mouth after eating?
3. Did you take a bath?
4. Did you have clean fingernails?
5. Did you wash your hands before each meal?
6. Did you wash your hands after going to the toilet?
7. Did you wear clean underwear?
8. Did you have clean, neatly combed hair?
9. Did you brush your hair?
10. Did you keep your fingers away from your nose and mouth?

CLEANLINESS HABITS WHICH NEED IMPROVEMENT:

.....

.....

.....

.....

.....

.....

.....

MY THREE-DAY MEAL RECORD

Breakfast	Lunch	Dinner
------------------	--------------	---------------

Snacks:

Breakfast	Lunch	Dinner
------------------	--------------	---------------

Snacks:

Breakfast	Lunch	Dinner
------------------	--------------	---------------

Each Day You Need

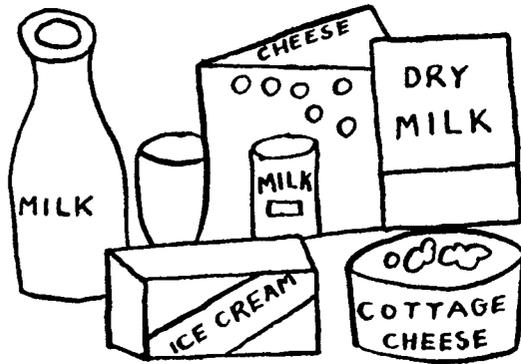
	Children 3-4 cups	
I Milk Group	Adults 2 cups	
	Teen-agers 4 or more cups	
II Meat Group	2 or more servings	
	4 more servings	
III Veg.-Fruit Group	1 serving citrus	
	1 serving green or yellow	
IV Bread-Cereal Group	4 or more servings	
	whole grain or enriched	

How Did You Score

What groups were left out?	
1st day	
2nd day	
3rd day	
Why?	
Not served	
Didn't eat	

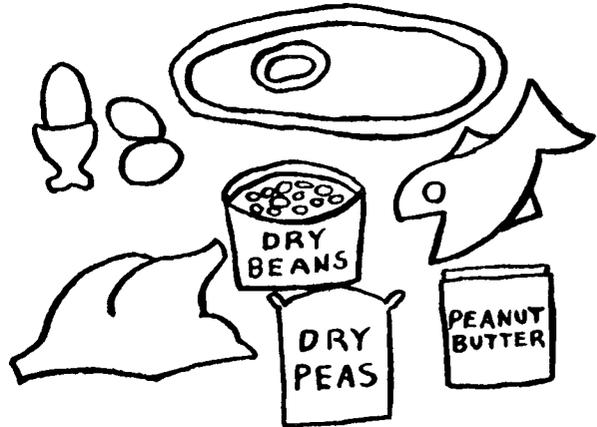
A DAILY FOOD GUIDE FOR GOOD HEALTH

MILK GROUP



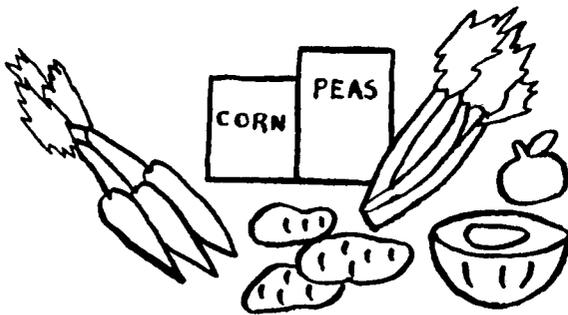
CHILDREN 3-4 cups
 ADULTS 2 or more cups
 TEEN-AGERS 4 or more cups

MEAT GROUP



2 or more servings

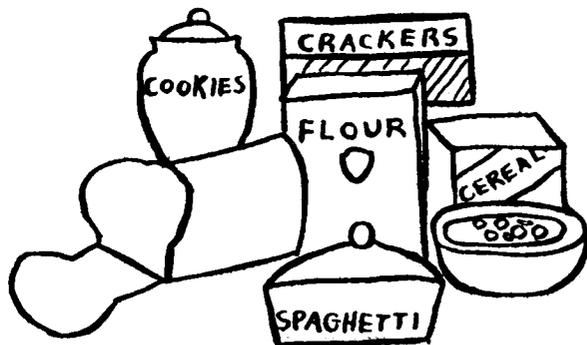
VEGETABLE - FRUIT GROUP



4 or more servings

1 serving citrus, tomatoes, or raw cabbage
 1 serving dark green or yellow vegetable

BREAD - CEREAL GROUP



4 or more servings

Whole grain, enriched or restored

WHEN YOU HAVE EATEN WHAT YOU **NEED**, YOU MAY EAT ANYTHING YOU WANT **IF** WEIGHT IS NOT A PROBLEM.

MY PERSONAL HEALTH RECORD

Vaccinations and Immunizations

Diseases You Have Had

Year

WHOOPING COUGH

Year

First
 Second

CHICKEN POX
 MEASLES
 MUMPS

DIPHTHERIA

First
 Second

WHOOPING COUGH
 SCARLET FEVER
 DIPHTHERIA

TETANUS

First
 Second

OTHERS
 Illness

TYPHOID

First
 Second

.....

POLIO

First
 Second

Injury

SMALLPOX

First
 Re-Vaccination

Ailments

HOW ABOUT YOUR DOG?

Rabies

.....

These are immunizations which I need:

.....

CHECK YOUR EYES AND EARS

- | | Yes | No |
|--|-------|-------|
| 1. Do you rub your eyes often? | | |
| 2. Do you have trouble seeing the words when reading? | | |
| 3. Do you stumble over small articles on the floor or in the yard? | | |
| 4. Do you hold your book close when reading? | | |
| 5. Do you squint or frown? | | |
| 6. Are your eyes crossed? | | |
| 7. Are your eyes red or swollen? | | |
| 8. Do your eyes water often? | | |
| 9. Do you have headaches? | | |
| 10. Do you see things double sometimes? | | |

- | | Yes | No |
|--|-------|-------|
| 1. Do you have earache often? | | |
| 2. Do you find it hard to pay attention when someone is talking? | | |
| 3. Do your ears ever run? | | |
| 4. Do you say "huh" or "what" often? | | |
| 5. Do you have frequent colds? | | |
| 6. Do you have "noises in the head"? | | |
| 7. Are you often restless? | | |
| 8. Do you tip or turn your head while listening? | | |
| 9. Do you go swimming without earplugs? | | |
| 10. Do you have sore throat very often? | | |

If you answered yes to more than two questions in either list, you may need to see a doctor.

I had these problems:

.....

.....

.....

This is what I did about them:

.....

.....

.....

.....

.....

.....

.....

MY POSTURE SCORECARD

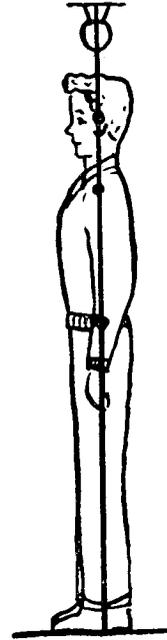
- Chest out - chin in - head back
- Shoulders relaxed
- Upper back flat
- Abdomen flat
- Knees easy

SCORE

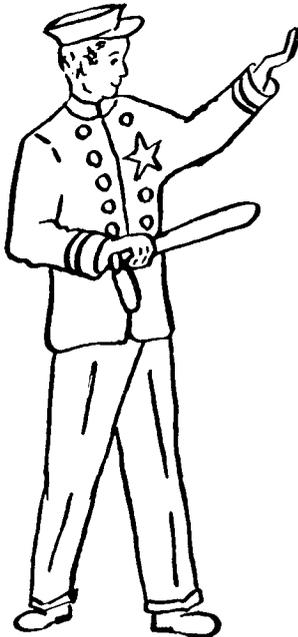
Give yourself 20 points for each part in correct alignment.

Posture habits which need to be improved.

1.
2.



CHECK YOURSELF



- I obey the safety rules, even when no one is looking.
- I do not cross streets in the middle of the block.
- I do not run out from between parked cars.
- I look both ways before crossing the street.
- I am considerate of others.

MY STORY

A series of horizontal dashed lines for writing.

Cooperative Extension work in Agriculture and Home Economics, Gene M. Lear, director.
Oregon State University and the United States Department of Agriculture cooperating.
Printed and distributed in furtherance of the Acts of Congress of May 8 and June 30, 1914.