



# Scoutmaster Bucky PUBLIC HEALTH Merit Badge Workbook

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SCOUT'S INFORMATION	MERIT BADGE COUNSELOR INFORMATION
Name _____ Phone _____ Organization _____	Name _____ Address _____ City State Zip _____ Phone _____ Mobile _____ Email _____
<b>WORKBOOK INFORMATION</b>	
Scoutmaster Bucky Workbook based off of <i>Boy Scout Requirements</i> – 2018 Edition Visit <a href="http://www.ScoutmasterBucky.com">www.ScoutmasterBucky.com</a> for more information.	
<b>REQUIREMENT 1A:</b> EXPLAIN WHAT PUBLIC HEALTH IS.	



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<b>REQUIREMENT 1A:</b>	EXPLAIN HOW EACH OF THE FOLLOWING ARE CONTRACTED:
<b>ESCHERICHIA COLI (E. COLI):</b>	
How Contracted:	
<b>TETANUS:</b>	
How Contracted:	
<b>HIV / AIDS:</b>	
How Contracted:	
<b>MALARIA:</b>	
How Contracted:	
<b>SALMONELLOSIS:</b>	
How Contracted:	
<b>LYME DISEASE:</b>	
How Contracted:	



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<b>REQUIREMENT 1B:</b>	CHOOSE ANY FOUR OF THE FOLLOWING DISEASES OR CONDITIONS, AND EXPLAIN HOW EACH ONE IS CONTRACTED AND POSSIBLY PREVENTED:
<b>REQUIREMENT 1C:</b>	FOR EACH DISEASE OR CONDITION IN REQUIREMENT 1B, EXPLAIN...
<b>REQUIREMENT 1C:</b>	USING THE LIST OF DISEASES AND CONDITIONS IN REQUIREMENT 1B, DISCUSS WITH YOUR COUNSELOR THOSE WHICH CURRENTLY HAVE NO IMMUNIZATION AVAILABLE
GONORRHEA:	
How Contracted:	
How Prevented:	
Type or Form:	
Transmission Vectors:	
How to prevent exposure or spreading:	
Available Treatments:	
Immunization available? Yes or No	



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## WEST NILE VIRUS:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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ZIKA:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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## BOTULISM:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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## INFLUENZA:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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## SYPHILIS:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No





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## HEPATITIS:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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EMPHYSEMA:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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## MENINGITIS:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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## HERPES:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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## LEAD POISONING:

How Contracted:

How Prevented:

Type or Form:

Transmission Vectors:

How to prevent exposure or spreading:

Available Treatments:

Immunization available? Yes or No



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**REQUIREMENT 2A:** EXPLAIN THE MEANING OF IMMUNIZATION

**REQUIREMENT 2B:** NAME EIGHT DISEASES AGAINST WHICH A YOUNG CHILD SHOULD BE IMMUNIZED

**REQUIREMENT 2B:** NAME TWO DISEASES AGAINST WHICH EVERYONE SHOULD BE REIMMUNIZED PERIODICALLY

**REQUIREMENT 2B:** NAME ONE IMMUNIZATION EVERYONE SHOULD RECEIVE ANNUALLY



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**REQUIREMENT 3:**

DISCUSS THE IMPORTANCE OF SAFE DRINKING WATER IN TERMS OF THE SPREAD OF DISEASE

**REQUIREMENT 3:**

THEN, DEMONSTRATE TWO WAYS FOR MAKING WATER SAFE TO DRINK THAT CAN BE USED WHILE AT CAMP. IN YOUR DEMONSTRATION, EXPLAIN HOW DISHES AND UTENSILS SHOULD BE WASHED, DRIED, AND KEPT SANITARY AT HOME AND IN CAMP



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**REQUIREMENT 4:** EXPLAIN WHAT A VECTOR IS

**REQUIREMENT 4:** HOW INSECTS AND RODENTS CAN BE CONTROLLED

IN YOUR HOME:

Control Method(s):

Why is this important:

Vector(s) Control:





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## IN YOUR COMMUNITY:

Control Method(s):

Why is this important:

Vector(s) Control:

## AT CAMP:

Control Method(s):

Why is this important:

Vector(s) Control:



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**DO ONE OF THE FOLLOWING (5A OR 5B) IN REQUIREMENT 5**

**REQUIREMENT 5A:** WITH YOUR PARENT'S PERMISSION AND COUNSELOR'S APPROVAL, VISIT A MUNICIPAL WASTEWATER TREATMENT FACILITY OR A SOLID-WASTE MANAGEMENT OPERATION IN YOUR COMMUNITY

Facility: \_\_\_\_\_

Location: \_\_\_\_\_

Date and time of Visit: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date  approved

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date  approved

**REQUIREMENT 5A1:** DESCRIBE HOW THE FACILITY SAFELY TREATS AND DISPOSES OF SEWAGE OR SOLID WASTE



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**REQUIREMENT 5A2:** DISCUSS YOUR VISIT AND WHAT YOU LEARNED WITH YOUR COUNSELOR

**REQUIREMENT 5A3:** DESCRIBE HOW SEWAGE AND SOLID WASTE SHOULD BE DISPOSED OF UNDER WILDERNESS CAMPING CONDITIONS



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## REQUIREMENT 5B:

WITH YOUR PARENT'S PERMISSION AND COUNSELOR'S APPROVAL, VISIT A FOOD SERVICE FACILITY, SUCH AS A RESTAURANT OR SCHOOL CAFETERIA

Facility: \_\_\_\_\_

Location: \_\_\_\_\_

Date and time of Visit: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date  approved

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date  approved

## REQUIREMENT 5B1:

OBSERVE FOOD PREPARATION, HANDLING, AND STORAGE. LEARN HOW THE FACILITY KEEPS FOOD FROM BECOMING CONTAMINATED



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**REQUIREMENT 5B2:** WHAT CONDITIONS ALLOW MICRO-ORGANISMS TO MULTIPLY IN FOOD

**REQUIREMENT 5B2:** WHAT CAN BE DONE TO HELP PREVENT THEM (MICRO-ORGANISMS) FROM GROWING AND SPREADING

**REQUIREMENT 5B2:** HOW TO KILL THEM (MICRO-ORGANISMS)



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**REQUIREMENT 5B3:** DISCUSS THE IMPORTANCE OF USING A THERMOMETER TO CHECK FOOD TEMPERATURES

**REQUIREMENT 5B3:** DISCUSS YOUR VISIT AND WHAT YOU LEARNED WITH YOUR COUNSELOR



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## REQUIREMENT 6A: DESCRIBE THE HEALTH DANGERS FROM...

Air pollution:

Water pollution:

Noise pollution:



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**REQUIREMENT 6B:** DESCRIBE THE HEALTH DANGERS FROM...

Tobacco use:

Alcohol abuse:

Drug abuse:





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**REQUIREMENT 6C:** DESCRIBE THE HEALTH DANGERS FROM...

Abusing illegal and prescription drugs:



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**DO ONE OF THE FOLLOWING (7A OR 7B) IN REQUIREMENT 7**

**REQUIREMENT 7:** WITH YOUR PARENT'S AND COUNSELOR'S APPROVAL, DO ONE OF THE FOLLOWING:  
A. VISIT YOUR CITY, COUNTY, OR STATE PUBLIC HEALTH AGENCY.  
B. FAMILIARIZE YOURSELF WITH YOUR CITY, COUNTY, OR STATE HEALTH AGENCY'S WEBSITE

Site: \_\_\_\_\_

Location / Website: \_\_\_\_\_

Date and time of Visit: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date  approved

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date  approved

Notes:



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**REQUIREMENT 7A/B1:** COMPARE THE FOUR LEADING CAUSES OF MORTALITY (DEATH) IN YOUR COMMUNITY FOR ANY OF THE PAST FIVE YEARS WITH THE FOUR LEADING CAUSES OF DISEASE IN YOUR COMMUNITY

MORTALITY CAUSE 1:

How the organization is trying to reduce mortality/morbidity:

MORTALITY CAUSE 2:

How the organization is trying to reduce mortality/morbidity:

MORTALITY CAUSE 3:

How the organization is trying to reduce mortality/morbidity:

MORTALITY CAUSE 4:

How the organization is trying to reduce mortality/morbidity:



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## DISEASE CAUSE 1:

How the organization is trying to reduce mortality/morbidity:

## DISEASE CAUSE 2:

How the organization is trying to reduce mortality/morbidity:

## DISEASE CAUSE 3:

How the organization is trying to reduce mortality/morbidity:

## DISEASE CAUSE 4:

How the organization is trying to reduce mortality/morbidity:



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**REQUIREMENT 7A/B2:** EXPLAIN THE ROLE OF YOUR HEALTH AGENCY AS IT RELATES TO THE OUTBREAK OF DISEASES

**REQUIREMENT 7A/B3:** DISCUSS THE KINDS OF PUBLIC ASSISTANCE THE AGENCY IS ABLE TO PROVIDE IN CASE OF DISASTERS SUCH AS FLOODS, STORMS, TORNADOES, EARTHQUAKES, AND OTHER ACTS OF DESTRUCTION. YOUR DISCUSSION CAN INCLUDE THE CLEANUP NECESSARY AFTER THE DISASTER



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## REQUIREMENT 8:

PICK A PROFESSION IN THE PUBLIC HEALTH SECTOR THAT INTERESTS YOU. FIND OUT THE EDUCATION, TRAINING, AND EXPERIENCE REQUIRED TO WORK IN THIS PROFESSION. DISCUSS WHAT YOU LEARN WITH YOUR COUNSELOR

Selected Public Health Sector Profession: \_\_\_\_\_

Educational Requirements:

Training Requirements:

Experience Requirements: