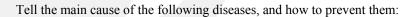
Coout Name	Linit #	Doto
Scout Name	Unit #	Date

Public Health Merit Badge Worksheet

Requirement 1





Disease	Main Cause	How to Prevent
Tuberculosis		
Typhoid Fever		
Diphtheria		
2 ipiiciici ia		
Malaria		
MINIMETA		
TT 1		
Hookworm		
Tetanus (Lockjaw)		
Rabies		

Scout Name	Unit #	Date
Requirement 2a		
☐ Make a bait and set a mouse trap.		
☐ Catch a live mouse to show that the trap works.		
Requirement 2b		
☐ Improvise a fly swatter.		
Name two or more diseases known to be carried by flied from one person to another	other.	
1		
2		
Requirement 2c		
Describe two or more methods of destroying the breeding places of mosquitoes.		
1.		
2		
3.		
4.		
Know at least the name of a modern insecticide and how it is used to destroy flie	es, mosquitoes, and other	harmful insects.
Name of Modern Insecticide	_	
How it is used?		
Requirement 3		
Explain what health requirements your community enforces in the sale of meat,	fish, fruits, vegetables, an	d cooked food.

Scout Name	Unit #	Date	
Tell how you can cooperate with the health authorities in preventing diseases in you	ur home and commur	nity.	
Give five simple rules for preventing the spread of communicable diseases during a	and following a person	n's illness.	
1			
2			
3			
4			
5			
Requirement 4			
Dig a straddle trench latrine and cat-hole latrine.			
☐ Straddle Trench Latrine			
☐ Cat-Hole Latrine			
☐ Fill In and Leave in Proper Condition			
Present a diagram of an "Antipolo"-type or some other type of sanitary toilet for ho	me use.		
☐ Help construct one in your own home if necessary. (Note: If not necessary, indicated)	ate as not necessary)		

Scout Name			Un	it #	Date
Explain two purposes of phys	sical "recheck" exam	nination given to	Scouts by a medical doctor	when they arriv	ve in a Council camp.
2.					
☐ Filter one fill canteen of m	uddy water using m	aterials you carr	y or can find in camp.		
☐ Make one-half of the water	r safe by using a suit	table chemical, a	and the other by the use of he	eat.	
	<i>y E</i>	,	j		
Requirement 5					
Name some diseases against v convenience, you do not need					ce provided for your
Disease Name	Immunized by		If immunized by means o	ther than vaco	cination, explain here.
	□ YES	\square NO			
	□YES	□NO			
	□ YES	□NO			
	□ YES	□NO			
	□YES	□NO			
	□YES	□NO			
	□ YES	□NO			
Explain how the immunizatio	on works.				
Tell what vaccine is given to	persons going abroa	d.			