

Medicine Merit Badge

Prereqs:

Hello, Scouts attending the Medicine Merit Badge class for this year's Potomac District Merit Badge Day! Though Medicine is not an Eagle-required badge, a quick read through the requirements likely will convince you that earning the badge takes real work! In order to make fastest progress, here are important points to act on before we meet:

- 1) Get the Medicine MB pamphlet and read it! Most of the info for the "learn and tell" requirements is right in the book.
- 2) You should use the Medicine MB workbook (attached with this message or downloadable through a link on the following page) to write out what you've learned and intend to discuss at our meeting. Don't just "read and copy" – write to show that you understand info gained from the pamphlet, and be prepared to go beyond that info for discussion.
- 3) Bring your blue card to class, filled out with your name and badge info (in all sections) and with your Scoutmaster's signature already affixed for starting the badge, and with the following for Counselor info: Robert Becker, 7003 Old Cabin Ln, Rockville, MD 20852, 301-816-0186.
- 4) For Req #1 ("Discuss with your counselor the influence that EIGHT of the following..."), bring your info already written down. A convincing discussion about "influence" will include the state of affairs (e.g., the science or medical practice) before the highlighted person came on the scene, what the person did in response to that state of affairs, and how the value of their accomplishment is evident in today's science or medical practice.
- 5) For Req #4b, I've cached some on-line info sources that might help you (depending on which five provider roles [other than allopathic physician] you choose to investigate). These sources are not complete info – just a good start, adding to what's in the MB pamphlet, for you to follow up. Files can be downloaded using the links on the following page.
- 6) For Req #7a, prepare ahead of time if you are able to visit your physician's office and have the required discussion. Pages 62-65 in the merit badge pamphlet can help guide the discussion with your doctor. If you're not able to visit your physician's office for this requirement, then bring a copy Parts B and C from a blank BSA health/physical form (attached here or downloadable through a link on the following page) that you can use at our meeting to demonstrate your understanding of medical history, physical examination and instruments involved.
- 7) Preferably before our group meets, let me know what activity you plan to use for requirement #10. Finding a volunteer activity to be done with this badge already in mind is good – however, I can accept your description (what, when, where, why, how and how much you helped) of an activity that's suitable and already completed if the activity was performed within the past year and has/will not be used for another Scout rank advancement requirement.

Link to workbook for Medicine merit badge

<http://meritbadge.org/wiki/images/0/04/Medicine.pdf>

Link to BSA health/physical form

www.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf

Links below are files printed from web pages (e.g., on-line license applications) or saved as web posted documents for medical professions credentialing in Maryland. Many of these explicitly list the requirements for certification or licensing. Some point to other sites where requirements for certification or licensing can probably be found.

https://www.dropbox.com/s/n543cissfcuj9jc/Credentialing_HEALTH%20OCCUPATIONS%20Title%2014%20Physicians.pdf?dl=0

https://www.dropbox.com/s/7jf5xroywju7bgx/Credentialing_Chiropractor.pdf?dl=0

https://www.dropbox.com/s/3ipo9b8aa17ne70/Credentialing_EMT.pdf?dl=0

https://www.dropbox.com/s/1yasr6pn3x37hp9/Credentialing_Medical_Assistant.pdf?dl=0

https://www.dropbox.com/s/jdxpp8eemyt89y6/Credentialing_MLT.pdf?dl=0

https://www.dropbox.com/s/qrpt3rf5bjwxufe/Credentialing_Nursing.pdf?dl=0

https://www.dropbox.com/s/lbsrshsgyyl4ce7/Credentialing_Optomtry.pdf?dl=0

https://www.dropbox.com/s/8swj3pk4erx7p2v/Credentialing_OT.pdf?dl=0

https://www.dropbox.com/s/e9dl097uxpyf6ti/Credentialing_PA.pdf?dl=0

https://www.dropbox.com/s/kyhq3p2c2so8uu1/Credentialing_Pharmacist.pdf?dl=0

https://www.dropbox.com/s/jn3haby420m7coe/Credentialing_Podiatrist.pdf?dl=0

https://www.dropbox.com/s/4xxji737apzcoq3/Credentialing_Psychology.pdf?dl=0

https://www.dropbox.com/s/xct5ke1onzwo18a/Credentialing_PT.pdf?dl=0

https://www.dropbox.com/s/uvlqd7dovqw8dxg/Credentialing_RadTechnol.pdf?dl=0

https://www.dropbox.com/s/0jhj7b5onxdzqjx/Credentialing_RespTher.pdf?dl=0

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization
I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:
You must designate at least one adult. Please include a telephone number.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____



Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

! Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. **!**

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.
 Reviewed by: _____
 Date: _____
 Further approval required: Yes No
 Reason: _____
 Approved by: _____
 Date: _____

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.



Examiner: Please fill in the following information:

		Yes	No	Explain							
Medical restrictions to participate											
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
		Medication						Plants			
		Food						Insect bites/stings			

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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High-Adventure Risk Advisory to Health-Care Providers and Parents

Philmont Scout Ranch

Phone: 575-376-2281

Website: www.philmontscoutranch.org

Philmont Scout Ranch Experience. The Philmont experience is not risk-free. Staff will instruct participants in safety measures. Be prepared to listen to and follow these measures. Accept responsibility for the health and safety of yourself and others. Each participant must be able to carry 25 to 35 percent of their body weight while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation over trails that are steep and rocky. Summer/autumn climate includes temperatures from 30 to 100 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, thunderstorms. Winter climatic conditions can range from -20 to 60 degrees. During a Winter Adventure experience, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles—or even more on a cross-country ski trek.

Risk Advisory. Philmont has an excellent health and safety record and strives to minimize risks to participants by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, you should be physically fit, have proper clothing and equipment, be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Philmont staff members are trained in first aid, CPR, and accident prevention. They can assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses. Each crew is required to have at least two members trained in wilderness first aid and CPR. Response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.

All Philmont participants should understand potential health risks inherent at or above 6,700 feet in elevation in a dry Southwest environment. High elevation; a physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Native wild animals such as bears, rattlesnakes, and mountain lions usually present little danger if proper precautions are taken.

Guests attending Philmont Training Center conferences and family programs who are unfamiliar with the backcountry should review the supplemental information available on the Philmont website, especially information about activities that may be new to them.

Please call Philmont at 575-376-2281 if you have any questions. All participants and guests should review all materials and websites related to the experiences they are planning to have at Philmont Scout Ranch.

Food. If the diet described in the participant guide does not meet the participant's special dietary needs, contact Philmont directly. Visit the Philmont Scout Ranch website for sample menus and more information.

Medication. Each participant who needs medication must bring enough medicine for the duration of the trip. Consider bringing two or three supplies of vital medication. People with allergies that have resulted in severe reactions or anaphylaxis must bring an EpiPen that has not expired.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those Scouts and Scouters who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the Immunization Exemption Request form is required; it is located on the Philmont website.

High Blood Pressure. Upon arrival at Philmont, all adult participants will have their blood pressure checked. Participants should have a blood pressure less than 140/90. People with hypertension (greater than 140/90) should be treated and controlled before attending Philmont, and should continue on medications while participating. The goal of treatment should be to lower the blood pressure to normal levels. Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.

Seizures (Epilepsy). The seizure disorder must be well-controlled by medication. A well-controlled disorder is one in which a year has passed without a seizure. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and likely risks to the individual/other members of the crew.

Diabetes Mellitus. Both the person with diabetes and one other person in the group need to be able to recognize signs of excessively high or low blood sugar. An insulin-dependent person who was diagnosed or who has had a change in delivery system (e.g., insulin pump) in the last six months is advised not to participate. A person with diabetes who has had frequent hospitalizations or who has had problems with low blood sugar should not participate until better control of the diabetes has been achieved. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the **Philmont Health Lodge at 575-376-2281**.

Asthma. Asthma must be well-controlled before participating at Philmont. This means: **1)** the use of a rescue inhaler (e.g., albuterol) less than once daily; **2)** no need for a rescue inhaler at night. Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. You may not be allowed to participate if: **1)** you have asthma not controlled by medication; or **2)** you have been hospitalized/gone to the emergency room to treat asthma in the past six months; or **3)** you have needed treatment by oral steroids (prednisone) in the past six months. You must bring an ample supply of your medication and a spare rescue inhaler that are not expired. At least one other member of the crew should know how to use the rescue inhaler. Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trek. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.



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High-Adventure Risk Advisory to Health-Care Providers and Parents

Philmont Scout Ranch

Phone: 575-376-2281

Website: www.philmontscoutranch.org

Recommendations for Chronic Illnesses.

Adults or youth with any of the following conditions should undergo an evaluation by a physician before considering participation at Philmont.

1. Chest pain, myocardial infarction (heart attack) or family history of heart disease in any person before age 50
2. Heart surgery, including angioplasty (balloon dilation), to treat blocked blood vessels or place stents
3. Stroke or transient ischemic attacks (TIAs)
4. High blood pressure
5. Claudication (leg pain with exercise, caused by hardening of the arteries)
6. Diabetes
7. Smoking or excessive weight

The physical exertion at Philmont may precipitate either a heart attack or stroke in susceptible people. Participants with a history of any of the seven conditions listed above should have a physician-supervised stress test. Even if the stress test results are normal, the results of testing are done at lower elevations, without backpacks, and do not guarantee safety. If the test results are abnormal, the individual is advised not to participate.

Allergy or Anaphylaxis. People who have had an anaphylactic reaction from any cause must contact Philmont before arrival. If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

Recent Musculoskeletal Injuries and Orthopedic Surgery. Participants will put a great deal of strain on their joints. Individuals who have significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last six months must have a letter of clearance from their treating physician to be considered for approval, and Philmont should be contacted in advance of participation. Permission is not guaranteed. Ingrown toenails are a common problem and must be treated 30 days prior to arrival.

Psychological and Emotional Difficulties.

Parents and advisors should be aware that no high-adventure experience is designed to assist participants in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently become worse, when a participant is under the stress of the physical and mental challenges of a remote wilderness setting. Medication must never be stopped prior to participation and should be continued throughout the entire Philmont experience.

Weight Limits. Weight limit guidelines (see Part C) are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems, and injury. These guidelines are for all Scouting high-adventure activities. Each participant's weight must be less than the maximum acceptable limit in the weight chart. Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. They will be sent home. For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont staff will use their judgment to determine if the youth can participate. Philmont will consider up to 20 pounds over the maximum acceptable; however, exceptions are not made automatically and discussion with Philmont in advance is required for any exception. **Philmont's telephone number is 575-376-2281.** Due to rescue equipment restrictions and evacuation efforts from remote sites, under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs.

Philmont Approval. Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history. Each participant is subject to a medical recheck at Philmont.



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Medicine



Merit Badge Workbook

This workbook can help you but you still need to read the merit badge pamphlet.

The work space provided for each requirement should be used by the Scout to make notes for discussing the item with his counselor, not for providing the full and complete answers. Each Scout must do each requirement.

No one may add or subtract from the official requirements found in **Boy Scout Requirements** (Pub. 33216 – SKU 34765).

The requirements were last issued or revised in 2010 • This workbook was updated in January 2014.

Scout's Name: _____ Unit: _____

Counselor's Name: _____ Counselor's Phone No.: _____

<http://www.USScouts.Org> • <http://www.MeritBadge.Org>

Please submit errors, omissions, comments or suggestions about this **workbook** to: Workbooks@USScouts.Org
Comments or suggestions for changes to the **requirements** for the **merit badge** should be sent to: Merit.Badge@Scouting.Org

1. Discuss with your counselor the influence that EIGHT of the following people had on the history of medicine:

a. Hippocrates

b. William Harvey

c. Antoine van Leeuwenhoek

d. Edward Jenner

e. Florence Nightingale

Medicine

Scout's Name: _____

f. Louis Pasteur

g. Gregor Mendel

h. Joseph Lister

i. Robert Koch

j. Daniel Hale Williams

k. Wilhelm Conrad Roentgen

l. Marie and Pierre Curie

m. Walter Reed

Medicine

Scout's Name: _____

n. Karl Landsteiner

o. Alexander Fleming

p. Charles Richard Drew

q. Helen Taussig

Note: Dr. Taussig's name is misspelled as "Raussig" in the Boy Scout Requirements booklet and the merit badge pamphlet.

r. James Watson and
Francis Crick

s. Jonas Salk

2. Explain the Hippocratic Oath to your counselor, and compare the original version to a more modern one.

Explain the Hippocratic Oath:

Compare the original version to a more modern one:

Discuss to whom those subscribing to the original version of the oath owe the greatest allegiance:

3. Discuss the health-care provider-patient relationship with your counselor, and the importance of such a relationship in the delivery of quality care to the patient.

Describe the role of confidentiality in this relationship.

4. Do the following:

a. Describe the roles the following people play in the delivery of health care in your state. (Note: Not all may exist in your state.)

1. Allopathic physician

2. Chiropractor

3. Emergency medical technician

4. Licensed practical/vocational nurse

5. Medical assistant

6. Medical laboratory technologist

7. Nurse-midwife

8. Nurse practitioner

9. Occupational therapist

10. Optometrist

11. Osteopathic physician

12. Pharmacist

13. Physical therapist

14. Physician's assistant

15. Podiatrist

16. Psychologist

17. Radiologic technologist

18. Registered nurse

19. Respiratory therapist

b. Describe the educational and licensing requirements for five of those in 4a --other than 4a(1)- - practicing health care in your state.

	Title	Educational and licensing requirements
1.		
2.		
3.		
4.		
5.		

5. a. Tell what is meant by the term "primary care" with regard to a medical specialty.

Briefly describe the types of work done by physicians in the following "core" specialties:

1. Internal medicine*

2. Family practice*

3. Obstetrics/gynecology*

4. Pediatrics*

5. Psychiatry

6. Surgery

b. Describe the additional educational requirements for these specialties.

1. Internal medicine*

2. Family practice*

3. Obstetrics/gynecology*

4. Pediatrics*

5. Psychiatry

6. Surgery

6. a. Briefly describe the types of work performed by physicians in FIVE of the following specialties or subspecialties:

1. Allergy/immunology

Medicine

Scout's Name: _____

2. Anesthesiology

3. Cardiology

4. Colon and rectal surgery

5. Dermatology

6. Emergency Medicine

7. Endocrinology

8. Gastroenterology

9. Geriatric medicine

10. Hematology/oncology

11. Infectious disease

12. Nephrology

13. Neuro surgery

14. Neurology

15. Nuclear medicine

16. Ophthalmology

17. Orthopedic surgery

18. Otolaryngology/head and neck surgery

19. Pathology

20. Physical medicine and rehabilitation

21. Plastic, reconstructive, and maxillofacial surgery.

22. Preventive medicine

23. Radiology

24. Rheumatology

25. Thoracic/cardiothoracic surgery

26. Urology

27. Vascular surgery

b. Describe the additional educational requirements for the five specialties or subspecialties you chose in 6a.

1.	
2.	
3.	
4.	
5.	

7. a. Visit a physician's office,** preferably one who delivers "primary care." (This may be that of your counselor). Discuss the components of a medical history and physical examination (an official BSA health form may be used to guide this discussion), and become familiar with the instruments used.

Medical history:

Physical examination:

Instruments used:

- b. Describe the characteristics of a good diagnostic test to screen for disease (e.g. routine blood pressure measurement).

Explain briefly why diagnostic tests are not perfect.

- c. Show how to take a blood pressure reading and a pulse reading.

8. Do the following:

- a. Discuss the roles medical societies, the insurance industry, and the government play in influencing the practice of medicine in the United States.

Medical societies:

Insurance industry:

Government

- b. Briefly tell how your state monitors the quality of health care within its borders, and how it provides care to those who do not have health insurance.

How your state monitors the quality of health care:

How it provides care to those who do not have health insurance:

9. Compare and discuss with your counselor the health care delivery systems in the United States, Sweden, and China.

United States:

Sweden:

China:

10. Serve as a volunteer at a health-related event or facility in your community (e.g. blood drive, "health fair", blood pressure screening, etc.) approved by your counselor.

* "Primary care" specialties

** If this cannot be arranged, demonstrate to your counselor that you understand the components of a medical history and physical, and discuss the instruments involved.

<p>Requirement resources can be found here: http://www.meritbadge.org/wiki/index.php/Medicine#Requirement_resources</p>

Important excerpts from the [Guide To Advancement - 2013](#), No. 33088 (SKU-618673)

[1.0.0.0] — Introduction

The current edition of the *Guide to Advancement* is the official source for administering advancement in all Boy Scouts of America programs: Cub Scouting, Boy Scouting, Varsity Scouting, Venturing, and Sea Scouts. It replaces any previous BSA advancement manuals, including *Advancement Committee Policies and Procedures*, *Advancement and Recognition Policies and Procedures*, and previous editions of the *Guide to Advancement*.

[Page 2, and 5.0.1.4] — Policy on Unauthorized Changes to Advancement Program

No council, committee, district, unit, or individual has the authority to add to, or subtract from, advancement requirements. There are limited exceptions relating only to youth members with special needs. For details see section 10, "Advancement for Members With Special Needs".

[Page 2] — The "Guide to Safe Scouting" Applies

Policies and procedures outlined in the *Guide to Safe Scouting*, No. 34416, apply to all BSA activities, including those related to advancement and Eagle Scout service projects.

[7.0.3.1] — The Buddy System and Certifying Completion

A youth member must not meet one-on-one with an adult. Sessions with counselors must take place where others can view the interaction, or the Scout must have a buddy: a friend, parent, guardian, brother, sister, or other relative—or better yet, another Scout working on the same badge—along with him attending the session.

When the Scout meets with the counselor, he should bring any required projects. If these cannot be transported, he should present evidence, such as photographs or adult verification. His unit leader, for example, might state that a satisfactory bridge or tower has been built for the Pioneering merit badge, or that meals were prepared for Cooking. If there are questions that requirements were met, a counselor may confirm with adults involved. Once satisfied, the counselor signs the blue card using the date upon which the Scout completed the requirements, or in the case of partials, initials the individual requirements passed.

Note that from time to time, it may be appropriate for a requirement that has been met for one badge to also count for another. See "Fulfilling More Than One Requirement With a Single Activity," 4.2.3.6.

[7.0.3.2] — Group Instruction

It is acceptable—and sometimes desirable—for merit badges to be taught in group settings. This often occurs at camp and merit badge midways or similar events. Interactive group discussions can support learning. The method can also be attractive to "guest experts" assisting registered and approved counselors. Slide shows, skits, demonstrations, panels, and various other techniques can also be employed, but as any teacher can attest, not everyone will learn all the material.

There must be attention to each individual's projects and his fulfillment of *all* requirements. We must know that every Scout—actually and *personally*—completed them. If, for example, a requirement uses words like "show," "demonstrate," or "discuss," then every Scout must do that. It is unacceptable to award badges on the basis of sitting in classrooms *watching* demonstrations, or remaining silent during discussions.

It is sometimes reported that Scouts who have received merit badges through group instructional settings have not fulfilled all the requirements. To offer a quality merit badge program, council and district advancement committees should ensure the following are in place for all group instructional events.

- Merit badge counselors are known to be registered and approved.
- Any guest experts or guest speakers, or others assisting who are not registered and approved as merit badge counselors, do not accept the responsibilities of, or behave as, merit badge counselors, either at a group instructional event or at any other time. Their service is temporary, not ongoing.
- Counselors agree not to assume prerequisites have been completed without some level of evidence that the work has been done. Pictures and letters from other merit badge counselors or unit leaders are the best form of prerequisite documentation when the actual work done cannot be brought to the camp or site of the merit badge event.
- There is a mechanism for unit leaders or others to report concerns to a council advancement committee on summer camp merit badge programs, group instructional events, and any other merit badge counseling issues—especially in instances where it is believed BSA procedures are not followed. See "Reporting Merit Badge Counseling Concerns," 11.1.0.0.
- There must be attention to each individual's projects and his fulfillment of all requirements. We must know that every Scout—actually and *personally*—completed them.

[7.0.3.3] — Partial Completions

A Scout need not pass all the requirements of one merit badge with the same counselor. It may be that due to timing or location issues, etc., he must meet with a different counselor to finish the badge. The Application for Merit Badge has a place to record what has been finished—a "partial." In the center section on the reverse of the blue card, the counselor initials for each requirement passed. In the case of a partial completion, the counselor does not retain his or her portion of the card. A subsequent counselor may choose not to accept partial work, but this should be rare. A Scout, if he believes he is being treated unfairly, may work with his unit leader to find another counselor. An example for the use of a signed partial would be to take it to camp as proof of prerequisites. Partials have no expiration except the Scout's 18th birthday. Units, districts, or councils shall not establish other expiration dates for partial merit badges.

[7.0.4.8] — Unofficial Worksheets and Learning Aids

Worksheets and other materials that may be of assistance in earning merit badges are available from a variety of places including unofficial sources on the Internet and even troop libraries. Use of these aids is permissible as long as the materials can be correlated with the current requirements that Scouts must fulfill. Completing "worksheets" may suffice where a requirement calls for something in writing, but this would not work for a requirement where the Scout must discuss, tell, show, or demonstrate, etc. Note that Scouts shall not be required to use these learning aids in order to complete a merit badge.