

Golden Arrow Merit Badge Fair  
**MEDICINE '02**

**PRE-REQUISITE SIGNATURE FORM**  
Please keep a copy for your records!

*Please note that this form is not necessary to enroll in class,  
But a partial will be awarded if form is not completed.*

*Submit this form to the MBF Counselor  
at the beginning of the MBF class. Thank you!*

	Complete	Not Complete
7) Visit Physician's Office (A)	_____	_____
Describe Good Diagnostic Test (B)	_____	_____
Show Pulse/Blood Pressure Tests (C)	_____	_____
10) Volunteer at Health Event	_____	_____

SCOUT INFORMATION

Troop # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Rank \_\_\_\_\_

Age \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_ This scout has personally appeared before me and demonstrated to my satisfaction that he has completed the **INITIALED** pre-requisites for this badge.

\_\_\_\_\_  
Signature of Scoutmaster

\_\_\_\_\_  
Print Scoutmaster Name

\_\_\_\_\_  
Date

**Golden Arrow District Merit Badge Fair**

**Please note:** Descriptions of requirements are abbreviated on this form.  
You must check the **CURRENT Boy Scout Requirements** publication for the complete description of each requirement.  
You are expected to meet the requirements as they are stated – no more and no less.  
You are expected to do exactly what is stated in the requirements.