

УКРАЇНСЬКА СКАВТСЬКА ОРГАНІЗАЦІЯ
в ЗСА



ПЛАСТ

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UKRAINIAN SCOUTING ORGANIZATION
USA

PLAST

National Executive Board

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Діловод Тіловиховання

Fitness Director

To: Primary Care Providers

From: Fitness Director, Plast USA

_____ is a member of Plast – USA, a Ukrainian Scouting Organization. In this organization, each scout focuses on the development of their spirit, mind and body. To progress through the second level of scouting, yunatstvo, scouts must earn a Physical Fitness Badge, known in our organization as “VFV”, for each of the three progressive divisions in yunatstvo.

The test for VFV consists of five different activities: push-ups, crunches, a 5 kilometer (3.1 mile) walk/jog, a 2 kilometer (1.24 mile) run, and 100 meter swim. The scout must earn at least 75 points for each activity, and a total of 500 points for all five activities.

A scout may be excused from the VFV requirement if they have a valid written medical excuse from their primary care provider that bars them permanently from participating in two or more of the five activities. This may include asthma, arrhythmia, and similar medical conditions. If the scout has a valid medical excuse that bars them permanently from only one of the five activities, then they receive, upon written notice from a primary care provider, 100 points for that one category, but must still fulfill the other requirements to receive VFV.

Please fill out the “VFV Medical Excuse Form” that the scout will submit to the Fitness Director. Please make sure all items are filled out should we need to verify your contact information.

Should you have any questions or concerns, please do not hesitate to contact us.

Thank you!

Tatiana Kuzmowycz, Fitness Director, Plast USA

vfv@plastusa.org

КПС-ЗСА 2006

PLAST UKRAINIAN SCOUTING ORGANIZATION
VFV Medical Excuse Form

Date: _____

Name of Scout: _____ Date of Birth: _____

I am the Primary Care Provider for the above-named Scout.

Please excuse him/her from the following activities:

due to the following medical condition:

Physician's Signature: _____

Physician's Office Address : _____

Physician's Office Telephone: _____