



All About Me Health & Wellness Scavenger Hunt



The “All About Me Scavenger Hunt is designed to be an engaging and educational activity to help individuals become more familiar with their own health information. By participating in this scavenger hunt, you can gather important details about your health, understand your medical needs, and take proactive steps toward maintaining a healthy lifestyle.

OBJECTIVES:

- INCREASE AWARENESS
- PROMOTE HEALTHY LITERACY
- ENCOURAGE PREVENTIVE CARE
- EMPOWER DECISION-MAKING

MATERIALS NEEDED:

- SCAVENGER HUNT TASK SHEET/NOTEBOOK
- ACCESS TO PERSONAL RECORDS (PHYSICAL OR DIGITAL)
- INTERNET ACCESS FOR RESEARCH PURPOSES
- ACCESS TO TASK STATIONS DURING THE JUNE COUNCIL 2026



SCAVENGER HUNT TAKE AWAYS:

- SCAVENGER HUNT IS A VALUABLE TOOL TO HELP TAKE CHARGE OF YOUR HEALTH
- UNDERSTANDING YOUR HEALTH HISTORY AND CURRENT STATUS WILL HELP YOU MAKE INFORMED DECISIONS AND LEAD A HEALTHIER MORE INFORMED LIFE.
- THE GSC HEALTH PROFESSIONALS PROVIDE VALUABLE LEARNING OPPORTUNITIES.

FOLLOW-UP ACTIVITIES:

- CREATE A PERSONAL HEALTH PLAN
- SET HEALTH GOALS
- SHARE YOUR DISCOVERIES BY SEEKING ADVICE FROM YOUR HEALTHCARE PROFESSIONAL AND ADVICE FOR YOUR CONCERNS



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Georgia State Council Health Professionals
June 2026





ALL ABOUT ME

Health & Wellness

Scavenger Hunt



TASK #	TASK TO COMPLETE	TASK COMPLETE	Pts	PTS EARNED	GSCHP INITIALS
1.	Locate your Health Records: Physical ___ Digital ___ Both ___	___ Y ___ N	10		
2.	Blood Type: A ___ B ___ AB ___ O ___	___ Y ___ N	10		
3.	Allergies:	___ Y ___ N	10		
4.	Current Medication(s): Name, Dosage, Frequency, Purpose	___ Y ___ N	20		
5.	Vaccination History: (Ex. Flu, Pneumonia, Shingles, etc.)	___ Y ___ N	10		
6.	Family History: Illnesses/Conditions You may create a Family Tree, but not required.	___ Y ___ N	20		
7.	Record Your Vital Signs (Less than a month) BP ___ Pulse ___ Resp ___ Temp ___	___ Y ___ N	10		
8.	Weight: _____. BMI: _____	___ Y ___ N	10		
9.	Cholesterol Levels: LDL _____ HDL _____	___ Y ___ N	20		
10.	A1C _____	___ Y ___ N	15		
11.	Hemoglobin _____ Hematocrit _____	___ Y ___ N	10		
12.	Last Eye Exam: _____	___ Y ___ N	10		
13.	Last Dental Visit: _____	___ Y ___ N	10		
14.	Exercise Weekly: 1x ___ 2x ___ 3x ___ More ___	___ Y ___ N	30		
15.	Mammogram (Men: Prostate: PSA Level= _____)	___ Y ___ N	10		
16.	Annual Doctor's Visit: Date: _____	___ Y ___ N	20		
17.	List the normal values for your "Lab Work"	___ Y ___ N	10		
18.	TUG Station	___ Y ___ N	15		
19.	MCTSIB Station	___ Y ___ N	15		
20.	Sit to Stand Station	___ Y ___ N	15		
21.	Plank Station	___ Y ___ N	25		
22.	Information Station: What did you find out?	___ Y ___ N	15		
23.	Exercise Station: What should you be doing?	___ Y ___ N	15		
24.	What did you learn from this exercise?	___ Y ___ N	15		
	TOTAL POINTS EARNED		350		

Stations must be completed at the Council. You may use your journal to record information.



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