

Exercise Log

Name: _____

Physician's Name: _____

Week 1

Date: _____ to: _____

Date/Day and Time	Type of Exercise	Distance/Duration/Intensity	Other: _____	Other: _____

Notes:

Feel free to write down anything that may have affected your workout this week or the effect of working out this week.

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Week 2

Date: _____ to: _____

Date/Day and Time	Type of Exercise	Distance/Duration/Intensity	Other: _____	Other: _____

Notes:

Feel free to write down anything that may have affected your workout this week or the effect of working out this week.

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Week 3

Date: _____ to: _____

Date/Day and Time	Type of Exercise	Distance/Duration/Intensity	Other: _____	Other: _____

Notes:

Feel free to write down anything that may have affected your workout this week or the effect of working out this week.

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Week 4

Date: _____ to: _____

Date/Day and Time	Type of Exercise	Distance/Duration/Intensity	Other: _____	Other: _____

Notes:

Feel free to write down anything that may have affected your workout this week or the effect of working out this week.

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Week 5

Date: _____ **to:** _____

Date/Day and Time	Type of Exercise	Distance/Duration/Intensity	Other: _____	Other: _____

Notes:

Feel free to write down anything that may have affected your workout this week or the effect of working out this week.

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