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.

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.

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.

Week 4

Date: _____ to: _____

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



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Notes:

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

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.

