

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: _____

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.