

List the Principles of Exercise

LIST THE PRINCIPLES OF EXERCISE

Tick each item as you gather or confirm it. Add anything specific to your own circumstances in the blank rows.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Prepared by: _____ Date: _____ dd / mm / yyyy

Tick each item once it is confirmed or packed. Use the blank rows for anything specific to you.

ESSENTIALS

☐ Essentials

DOCUMENTS AND PAPERWORK

☐ Documents and paperwork

USEFUL BUT OPTIONAL

☐ Useful but optional

ANYTHING ELSE

Item: _____ Quantity: _____

Who is bringing it: _____ Confirmed: _____

Item: _____ Quantity: _____

Who is bringing it: _____ Confirmed: _____

NOTES

Notes