

Physical Activity Record

Name: _____ County: _____

Goal: How many minutes do you plan to exercise each day? _____

Do you have clearance from your doctor to begin any exercise. Yes No

A total of 2 hours and 30 minutes of physical activity each week is recommended

Activity	What activity did you do and for how long?							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Total hours or minutes

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Disabilities accommodated with prior notification.

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