

Name: _____

Cardiovascular: Frequency: _____

Training Heart Rate: _____

Intensity: _____

Time: _____

Year:		Date:											
	Resting Blood Pressure	/	/	/	/	/	/	/	/	/	/	/	/
	Exercise Heart Rate												
	Exercise Blood Pressure	/	/	/	/	/	/	/	/	/	/	/	/
	Post Exercise Heart Rate												
	Post Exercise Blood Pressure	/	/	/	/	/	/	/	/	/	/	/	/
	Glucose Pre/Post	/	/	/	/	/	/	/	/	/	/	/	/
Bike	Distance												
	Duration												
	Total Calories												
Elliptical	Duration												
	Incline / Resistance												
	Total Calories												
Treadmill	Distance												
	Duration												
	Speed / Elevation												
	Total Calories												
Stairs	Duration												
	Flights												
	Total Calories												
Row	Duration												
	Distance												
	Total Calories												
Other													

Goal/Notes:



Strength Training

Date:												
	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep	Wt/Rep

Exercise:

Settings: **Legs/Lower Body**

Back

Chest

Shoulders

Arms

Functional/Core/Balance

Stretching

