



EXERCISE LOG

(502) 574-6663
www.louisvilleky.gov/health

Week of _____

Day	Type of Exercise	Min.
M		
Tu		
W		
Th		
F		
Sa		
Su		
	Total Min.	

Week of _____

Day	Type of Exercise	Min.
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Tu		
W		
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F		
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	Total Min.	

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