

WellBody

EXERCISE LOG 1

DATE RANGE: _____

NAME: _____

DEPARTMENT: _____

PHONE #: _____ EMPLOYEE ☐ SPOUSE ☐

A 12 week exercise log can be completed at any time during the year to count as one (1) of your required campaigns and must be submitted on or before November 30th by fax or email.

WEEK 1	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 2	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 3	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 4	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:

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EXERCISE LOG 2

DATE RANGE: _____

NAME: _____

DEPARTMENT: _____

PHONE #: _____ EMPLOYEE ☐ SPOUSE ☐

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WEEK 1	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 2	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 3	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 4	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:

WellBody

EXERCISE LOG 3

DATE RANGE: _____

NAME: _____

DEPARTMENT: _____

PHONE #: _____ EMPLOYEE ☐ SPOUSE ☐

A 12 week exercise log can be completed at any time during the year to count as one (1) of your required campaigns and must be submitted on or before November 30th by fax or email.

WEEK 1	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 2	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 3	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:
WEEK 4	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:	ACTIVITY:
	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:	MINUTES:
	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE: