

Date: _____
Start Time: _____ **End Time:** _____

Weight:	
Body Fat %:	
Fitness Goal:	Strength/Muscle Building/Fat Loss/Endurance/Other:

Body Parts Trained (Circle all that apply):
 Whole Body | Chest | Back | Shoulders | Legs | Calves | Biceps | Triceps | Abs | Other:

Cardio Exercise

Exercise	Time/Distance/Speed	Notes

Strength & Resistance Training

Exercise	Weight	Sets	Reps	Notes