

# PERSONAL FITNESS MAKE UP DAY FORM

NAME: \_\_\_\_\_

DATE OF WORKOUT: \_\_\_\_\_ MINUTES: \_\_\_\_\_

LOCATION: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

SUPERVISOR PHONE NUMBER: \_\_\_\_\_

**DESCRIPTION OF PHYSICAL ACTIVITY:**  
**FOR WEIGHT LIFTING PLEASE INCLUDE: EXERCISES, MUSCLE GROUPS,**  
**SETS, REPS, WEIGHT**

Exercise	Sets	Reps	Weight

Description of physical activity other than weight lifting

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