F	erci	se Rec	ord	
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	EXE	NCER (
	T	OOLKIT		

Precautions:		

UR Number:	
Surname:	
Given Name:	
Date of Birth:/	Sex: M / F

		Date:							
Est Max HR:			Bike						
	Bike	Seat no	RPM:						
	Level		Time:						
	Time		Borg: HR:						
Target Intensity:			Lv:						
			Treadmill						
	Treadmill:		Speed:						
	Speed		Incline:						
%HRR/HRmax	Incline		Borg: HR:						
			Time:						
	Time								
Exercise		Weight/Reps							
Initials/designation									
Comments:									

Exercise Record

Precautions:	

UR Number:	
Surname:	
Given Name:	
Date of Birth:/	Sex: M / F

		Date:							
Est Max HR:			Bike						
	Bike	Seat no	RPM:						
	Level		Time:						
	Time		Borg: HR:						
Target Intensity:			Lv:						
			Treadmill						
	Treadmill:		Speed:						
	Speed		Incline:						
%HRR/HRmax	Incline		Borg: HR:						
	Time		Time:						
Exercise	<u>.</u>	Weight/Reps							
Initials/designation									
Comments:									

Precautions:		

UR Number:	
Surname:	
Given Name:	
Date of Birth:	Sex: M / F

