

Exercise Schedule

Name:

Weel of:

Day	Exercise	Duration	Intensity	Check
Monday			<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High	<input type="checkbox"/>
Tuesday			<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High	<input type="checkbox"/>
Wednesday			<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High	<input type="checkbox"/>
Thursday			<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High	<input type="checkbox"/>
Friday			<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High	<input type="checkbox"/>
Saturday			<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High	<input type="checkbox"/>
Sunday			<input type="radio"/> Low <input type="radio"/> Med <input type="radio"/> High	<input type="checkbox"/>