

Quarterly Health Evaluation

Week	1	2	3	4	5	6	7	8	9	10	11	12	13
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Quarter _____

Start Date _____

End Date _____

Cardio _____

Resting Pulse _____

Blood Pressure _____

Blood Sugar _____

Glucose _____

Fat _____

Weight _____

BMI _____

Body Fat % _____

Measurements _____

Neck _____

Upper Arm _____

Forearm _____

Wrist _____

Chest _____

Waist _____

Hips _____

Thigh _____

Calf _____

Fitness _____

1 Mile Time _____

Notes:

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Blood Sugar _____
Glucose _____

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Body Fat % _____

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