Fitness Tracker o

Start Date _____ Review Date _____

BMI (BODY MASS INDEX)

WEIGHT

3 FITNESS GOALS

1._____

2._____

3._____

CURRENT MEASUREMENTS

Neck _____

Arms Left

Arm Right _____

Breast _____

Waist_____

Hips _____

Thigh Left_____

Thigh Right _____

CALORIE INTAKE

TOTAL DAILY ENERGY EXPENDITURE