

**2021 Medical Fitness Week Challenge Card**

[insert your facility information and logo here]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| M | O | V | E | 1 | 5 | 0 |
| **Walk**  **30 minutes** | **Any Group Exercise Class**  **30 - 60 minutes** | **Stretch**  **10 minutes** | **Bike**  **20 minutes** | **Elliptical**  **15 minutes** | **Walk**  **30 minutes** | **Any Cardio 20 minutes** |
| **Swim**  **20 minutes** | **Strength Train**  **15 minutes** | **Bike**  **20 minutes** | **Any Cardio 20 minutes** | **Walk**  **30 minutes** | **Strength Train**  **20 minutes** | **Any Group Exercise Class**  **30-60 minutes** |
| **Stretch**  **10 minutes** | **Bike**  **20 minutes** | **Strength Train**  **20 minutes** | **Walk**  **15 minutes** | **Insert your facility special event or class** | **Elliptical**  **30 minutes** | **Strength Train**  **20 minutes** |
| **Bike**  **40 minutes** | **Elliptical or Crossover**  **15 minutes** | **Walk**  **20 minutes** | **BONUS**  **Eat 2 Fruits & 2 Veggies Today** | **Any Cardio 20 minutes** | **Walk**  **30 minutes** | **Any Cardio 30 minutes** |
| **Any Cardio 20 minutes** | **Zumba or Walk**  **45 minutes** | **Elliptical or Crossover**  **30 minutes** | **Bike**  **20 minutes** | **Strength Train**  **15 minutes** | **Core Work**  **10 minutes** | **Stretch**  **10 minutes** |
| **Any Group Exercise Class or Walk**  **30 minutes** | **Core Work**  **10 minutes** | **Bike**  **30 minutes** | **Strength Train**  **20 minutes** | **Any Group Exercise Class 30-60 minutes** | **Bike**  **15 minutes** | **Strength Train**  **15 minutes** |
| **Strength Train**  **20 minutes** | **Elliptical**  **15 minutes** | **Walk**  **15 minutes** | **Any Group Exercise Class**  **45-60 minutes** | **Strength Train**  **20 minutes** | **Any Cardio 20 minutes** | **Walk**  **15 minutes** |

Turn in completed card at the front desk by Thursday, May 20, 2021.

**Tips:**

1) If you like to swim, try Row 2 – swimming counts as “any cardio” and water aerobics counts for group class.

3) If the cardio equipment listed is unavailable, you may substitute another cardio machine.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your goal is to move at least 150 minutes this week!

Complete one row or column of activity challenges. Exercises do not have to be completed in order.

**Complete one square per day and date when accomplished.**