

Turn in completed card at [insert location here] by May 20, 2021.

[insert facility information and logo here]

**2021 Medical Fitness Week Challenge Card**

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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 box when complete.**