

EXERCISE VERIFICATION FORM

NAME		PH	ONE #			
E-MAIL						
-	out the section below for					
minutes 3x/v	rcise Journal 2 month week or equivalent) t proof of usage to HR. ss, etc.)					
	(date) to					
Website/Tra	cking App Used		Usernan	ne		
	ercise 2 month log (Mu	ust exercis		n of 30 minutes, 3x/we	ek or equiv	alent)
Month 1			Month 2			
Date	Type of Exercise	Minutes	Date	Type of Exercise	Minutes	
					-	
					+	
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					1	
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Leartify that	the above information	is correct				
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		S	ignature			Date