Date:	Day:			Weight:		
Technique:	Bodyparts:					
Evaluation (A-F)	Stregth:			Intensity:		
Muscle Volume:	Cardiovascular:			Overal Soreness:		
exercise	Reps.	Wt.	Tempo	Reps.	Wt.	Tempo
Cardio:	Min.:			Level:		
Type:	Speed:			Heart rate:		
Notes:						

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