

Physical Activity Prescription

R For: _____



Other _____

How Hard?	Light	Moderate	Vigorous	
How Much?	5 min.	10 min.	15 min.	30 min.
How Often?	6 X Day	3 X Day	2 X Day	1 X Day
	1 2 3 4 5 6 7			(Days/Week)

Comments: _____

Signature: _____ Date: _____

