

Steps 2 Health

Daily Activity Log:

Month _____

Date	Steps <input type="checkbox"/>	Minutes <input type="checkbox"/>	Date	Steps <input type="checkbox"/>	Minutes <input type="checkbox"/>
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			Total		

When your Activity Log is full, mail to Mercy Medical Center (no postage required) or bring to monthly health seminars. You will be eligible for monthly prize drawings*.

Name: _____

You can pick up a new activity log at mall customer service desks, the Downtown District office, Mercy Medical Center Information Desk or download a form at www.mercycare.org

** You must be registered to be eligible to receive prize drawings*



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