Annex A PHYSICAL FITNESS AWARD FOR AEROBIC EXCELLENCE ACTIVITY LOG

Page of _____ Unit SN Rank Surname and Initials MONTH: Week 1 Mon Tues Wed Thurs Fri Sat Sun **Total Points** Activity(s) Distance/Time Points Week 2 **Total Points** Mon Tues Wed Thurs Fri Sat Sun Activity(s) Distance/Time Points Week 3 Mon Tues Wed Thurs Fri Sat Sun **Total Points** Activity(s) Distance/Time Points Week 4 Mon Tues Wed Thurs Fri Sat Sun **Total Points** Activity(s) Distance/Time Points Week 5 Mon Tues Wed Thurs Fri Sat Sun **Total Points** Activity(s) Distance/Time Points **TOTAL POINTS**

Certification:

Certified that I, _____

Rank

Surname and Initials

have accumulated the number of units and achieved the evaluation standards detailed above.

Date

Member's signature

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SN