

**Annex A PHYSICAL FITNESS AWARD FOR AEROBIC EXCELLENCE
ACTIVITY LOG**

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SN Rank Surname and Initials Unit

MONTH:								
Week 1	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Points
Activity(s)								
Distance/Time								
Points								
Week 2	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Points
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, _____
 SN 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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