



One Pound at a Time!



Name _____

Employee ID _____

Weigh In _____ Date _____ Weigh Out _____ Date _____

Daily Calories(points) Determined per My Fitness Pal(or other tracking method) _____

Optional: Waist _____ Chest _____ Hips _____ Thigh _____ Bicep _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WEEK 1	C:	C:	C:	C:	C:	C:	C:
Weekly Weight _____	A:	A:	A:	A:	A:	A:	A:
WEEK 2	C:	C:	C:	C:	C:	C:	C:
Weekly Weight _____	A:	A:	A:	A:	A:	A:	A:
WEEK 3	C:	C:	C:	C:	C:	C:	C:
Weekly Weight _____	A:	A:	A:	A:	A:	A:	A:
WEEK 4	C:	C:	C:	C:	C:	C:	C:
Weekly Weight _____	A:	A:	A:	A:	A:	A:	A:
WEEK 5	C:	C:	C:	C:	C:	C:	C:
Weekly Weight _____	A:	A:	A:	A:	A:	A:	A:
WEEK 6	C:	C:	C:	C:	C:	C:	C:
Weekly Weight _____	A:	A:	A:	A:	A:	A:	A:
WEEK 7	C:	C:	C:	C:	C:	C:	C:
Weekly Weight _____	A:	A:	A:	A:	A:	A:	A:

WEEK 8	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 9	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 10	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 11	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 12	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 13	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 14	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 15	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:
WEEK 16	C:	C:	C:	C:	C:	C:
Weekly Weight_____	A:	A:	A:	A:	A:	A:

NO SPECIFIC WEIGHT LOSS IS REQUIRED TO EARN POINTS!

50 points will be awarded if you:

1. Complete tracking sheet & turn in to Jeri at final weigh in.
2. Record weekly weight on scale of your choice on your tracking sheet.
3. Weigh IN AND OUT with Jeri (January wellness visit and May wellness visit)
4. Complete required calorie tracking at least 3 days per week each week.
5. Record some activity every day (no specific minutes required).