

Workout Log

| | | | | | | Date: | |
|----------|-------|---------|--------|--------|--------|------------------------------|-----------------------------|
| Exercise | Notes | Planned | | Actual | | Complete Workout? | |
| | | Reps | Weight | Reps | Weight | | |
| | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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