

**Fitness Reimbursement Program Log Card – Dartmouth College**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Member's ID #: \_\_\_\_\_

**All workouts must be in the same calendar year.**

*(To qualify, exercise a minimum of two times per week for 12 out of 20 weeks.)*

To meet exercise requirements within a calendar year, this log card must be started no later than October 1st of a given calendar year.

**Return along with Fitness Reimbursement Form and receipts to:**

Anthem Blue Cross and Blue Shield — Claims Department  
PO Box 533 • North Haven, CT 06473-0533

FITNESS LOG CARD		Record daily exercises here. <i>(Instructor confirmation initials go inside box.)</i>			
		Day 1		Day 2	
Record dates at the beginning of each week here.		Exercise	Initial	Exercise	Initial
Week 1	/ /		<input type="text"/>		<input type="text"/>
Week 2	/ /		<input type="text"/>		<input type="text"/>
Week 3	/ /		<input type="text"/>		<input type="text"/>
Week 4	/ /		<input type="text"/>		<input type="text"/>
Week 5	/ /		<input type="text"/>		<input type="text"/>
Week 6	/ /		<input type="text"/>		<input type="text"/>
Week 7	/ /		<input type="text"/>		<input type="text"/>
Week 8	/ /		<input type="text"/>		<input type="text"/>
Week 9	/ /		<input type="text"/>		<input type="text"/>
Week 10	/ /		<input type="text"/>		<input type="text"/>
Week 11	/ /		<input type="text"/>		<input type="text"/>
Week 12	/ /		<input type="text"/>		<input type="text"/>
Week 13	/ /		<input type="text"/>		<input type="text"/>
Week 14	/ /		<input type="text"/>		<input type="text"/>
Week 15	/ /		<input type="text"/>		<input type="text"/>
Week 16	/ /		<input type="text"/>		<input type="text"/>
Week 17	/ /		<input type="text"/>		<input type="text"/>
Week 18	/ /		<input type="text"/>		<input type="text"/>
Week 19	/ /		<input type="text"/>		<input type="text"/>
Week 20	/ /		<input type="text"/>		<input type="text"/>