DAILY FOOD LOG

Please complete the form below, include beverages.

Breakfast, **L**unch, **D**inner, **S**nack

DATE	MEAL	DESCRIPTION

Dolan Mayeda, D.C. | **Chiropractic Kinesiologist** | 4025 Camino Del Rio South, Ste. 300 | San Diego, CA 92108 | 619.542.7744

EXERCISE LOG

Target Heart Rate: _____

DATE	TIME IN HEART RATE	EXERCISE

Dolan Mayeda, D.C. | **Chiropractic Kinesiologist** | 4025 Camino Del Rio South, Ste. 300 | San Diego, CA 92108 | 619.542.7744

MAF TEST

Maximum Aerobic Function Test

DATE	TIME	DISTANCE/POWER/LAPS	CONDITIONS

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