**Facility Logo Here**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your goal is to move at least 150 minutes this week and try new things!

Complete as many challenges in each area of the 6 Pillars of a Healthy Lifestyle as you’d like. Activities do not have to be completed in order.

Include your rules/instructions here.

Be sure to state when the card must be turned in and where.

Will you offer a prize? Include that info too!

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|  |  |  |  |  |  |
| **Nutrition** | **PhysicalActivity** | **StressManagement** | **RestorativeSleep** | **SocialConnection** | **AvoidRiskySubstances** |
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**Medical Fitness Week Challenge Card**