

CARDIAC EXERCISE LOG

Target Heart Rate: _____ bpm

Name: _____

Week Of: _____

Date	Activity Type	Duration	Intensity (1-10)	Resting HR	Peak HR
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DAILY NOTES (Fatigue levels, symptoms, or medications):

STOP EXERCISING IMMEDIATELY IF: You experience chest pain, dizziness, unusual shortness of breath, or palpitations. Contact your physician or emergency services if symptoms persist.

This document is a template for tracking purposes only. Consult with a cardiologist before beginning any new exercise regimen.