



Team Activity and Weight Loss Tracker

Team Name _____

Team Leader _____

Month _____

Each team member has been assigned a letter designation. Record the weight of each team member and enter it next to their letter designation. Also enter the total amount of time each team member performed physical activity and the number of personal days they took due to illness for the month.

Team Member	Weight	Physical Activity	# of Personal Days taken due to illness for the month	Notes
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
TOTAL				

Return the completed form to Tonitrice Wicks by fax (601-576-7909 or 601-984-3196), email (tonitrice.wicks@msdh.state.ms.us), or mail (STD/HIV, O-350 or Field Services, O-457).
All forms must be returned by the 25th day of each month.