

Name: _____ Age: _____

Walking Rx

Date: _____

Recommended activity level: moderate intensity

Minutes per day: 30 minutes

Number of days per week: 5 or more

Intensity: Hard enough that you can't sing, but not so hard you can't talk during exercise.

Stop: If you experience chest pain, excessive shortness of breath or feel ill.

Signature: _____

Every Body **WALK!**

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