

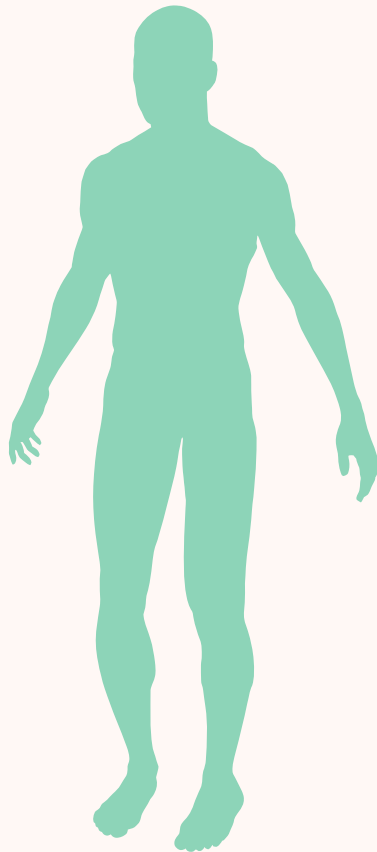
BODY MEASUREMENT TRACKER

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NAME :

DATE:

BODY PART	WEEK 1	WEEK 2	WEEK 3	WEEK 4
NECK				
CHEST				
RIGHT / LEFT ARM				
WAIST				
HIPS				
THIGH				
CALF				
OVERALL WEIGHT				



BEFORE

AFTER

Weight _____

Weight _____

Date _____

Date _____

NOTES