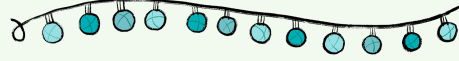
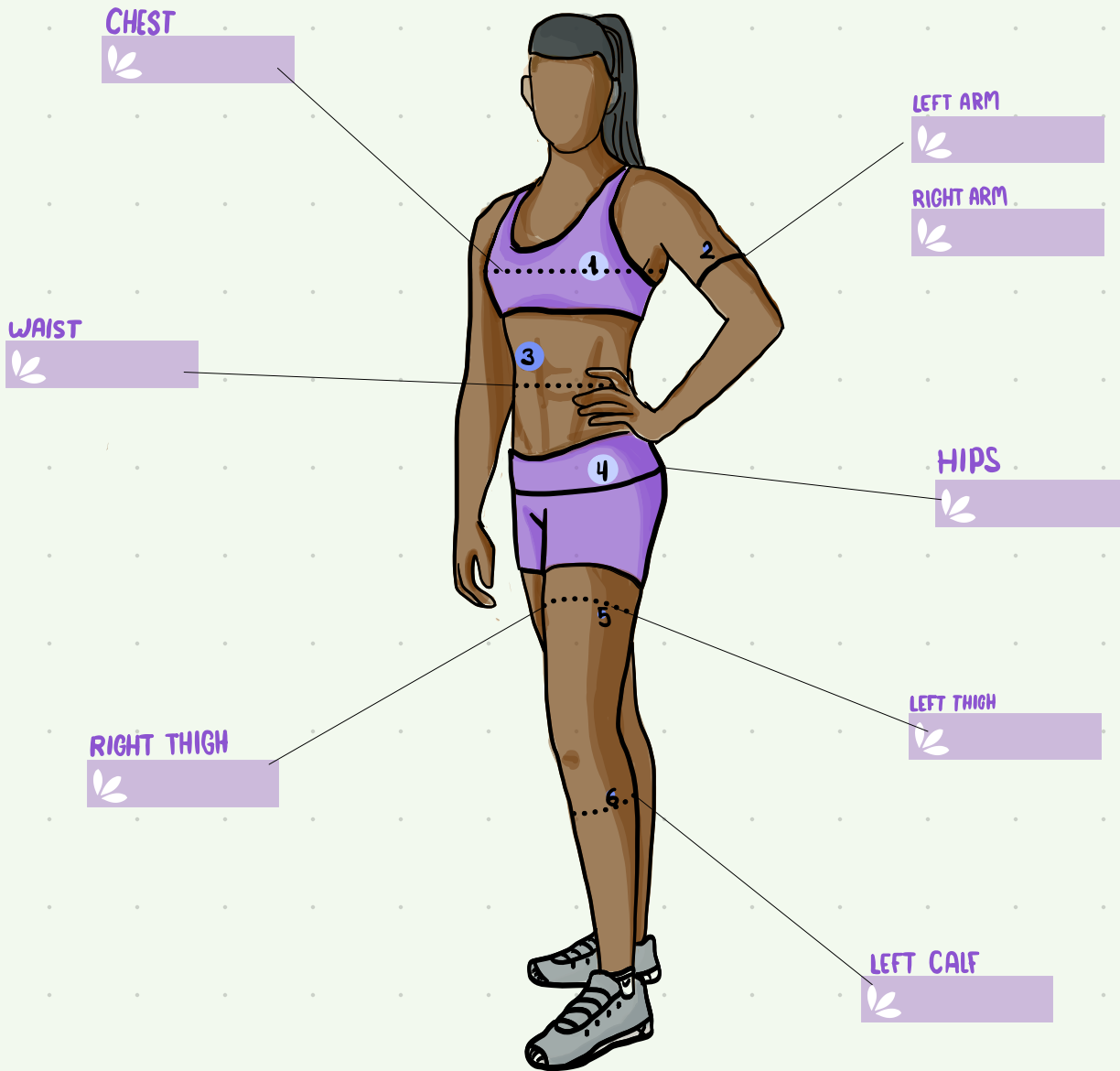


BODY Measurement



Week number:



Date: _____

Weight: _____