

QUARTERLY LOG OF HEALTH CLUB VISITS FOR CALENDAR YEAR 20____

EACH VISIT MUST BE SIGNED BY HEALTH CLUB EMPLOYEE. THE FORM MUST BE SIGNED AT THE BOTTOM BY CLAIMANT AND A HEALTH CLUB EMPLOYEE

	DATE OF VISIT	SIGNATURE OF HEALTH CLUB EMPLOYEE
MONTH _____	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	
	DATE OF VISIT	SIGNATURE OF HEALTH CLUB EMPLOYEE
MONTH _____	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	
	DATE OF VISIT	SIGNATURE OF HEALTH CLUB EMPLOYEE
MONTH _____	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	

Signature of Claimant (Person Using the Health Club) _____ Date _____

Signature of Health Club Employee _____ Date _____

Print Name of Health Club Employee _____

Signature of the claimant constitutes affirmation that he or she used the health club's exercise equipment on the dates listed. It further affirms that the information given above is true and correct, and that the claimant understands that giving false information constitutes claim fraud. Signature of health club employee constitutes verification that the employee's facility is a gym or health club with weights or exercise equipment. False statements will result in claim denials.