

Protect Your Head

Instructions

- **1.** Post this calendar where you will see it daily (bathroom, kitchen, bedroom, or by your bike or motorcycle).
- 2. Create a plan to protect your head and wear a helmet when necessary.
- **3.** Use the calendar to record your actions and learn more about helmet safety to protect your head.
- **4.** At the end of the month, total the number of days you take action to protect your head or wear a helmet. You must do this on at least 22 days this month to complete this challenge. Then keep up the practice for a lifetime of best health.

| MONTH: | | | | F | IC = Health Challer | nge™ ex. min. = e | xercise minutes |
|-------------|------------|-------------|-----------|-------------|---------------------|-------------------|-------------------------------|
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | Weight & weekly summary |
| HC | HC | HC | HC | HC | HC | HC | Í |
| ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | |
| HC | HC | HC | HC | HC | HC | HC | |
| ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | |
| HC ex. min. | HC ex. min | HC ex. min. | HC | HC ex. min. | HC ex. min. | HC ex. min. | |
| HC | HC | HC | HC | HC | HC | HC | |
| ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | |
| HC | HC | HC | HC | HC | HC | HC | |
| ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | ex. min | |

| Number | of days | this | month I | l took | action ' | to | protect | my | head | or | wear a | a he | elm | et |
|------------|---------|------|---------|---------|----------|-----|-----------|-------|------|------|--------|------|-----|----|
| Number | of days | this | month I | l was į | ohysical | lly | active fo | or at | leas | t 30 |) minu | tes | 5 | |



Other wellness projects completed this month:

| | |
|------|------|
| Name | |



