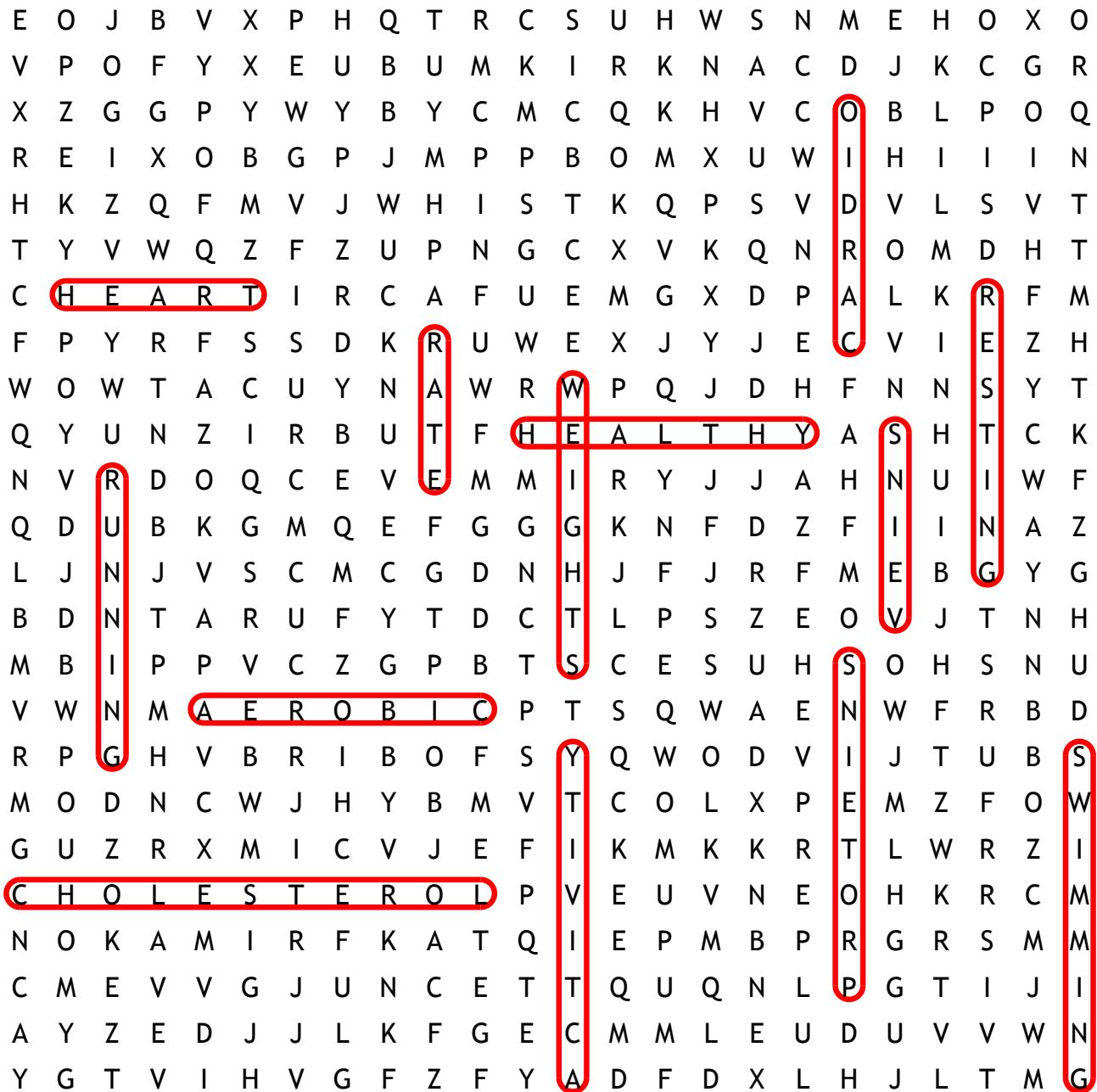


Name: _____

Date: _____

Fitness



cholesterol
proteins
running
cardio
rate

activity
resting
healthy
veins

swimming
weights
aerobic
heart