



Program Start Date: _____

Tai Chi for Arthritis and Fall Prevention Attendance

Program End Date: _____

Implementation Site Name: _____

Please check sessions attended.

Participant ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
1																	
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OMB Control No. 0985-0039

Exp. Date 04/30/2024

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