TO-DO LIST

DATE :

TOP PRIORITIES

☐ _____
☐ _____
☐ _____
☐ _____

REMINDERS

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

TO-DO

☐ _____
_____
☐ _____
_____
☐ _____
_____
☐ _____
_____
☐ _____
_____

NOTES

TODAY I AM GRATEFUL FOR:

SNOHOMISH COUNTY HEALTH DEPARTMENT