

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender:  Male  Female

**Student Health Body-Mass-Index and Weight Status Category Reporting Form**

This form should be completed and attached to student health certificates for students in Kindergarten, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> or 10<sup>th</sup> grade. This information is required under New York State Education Law by the beginning of the 2008 academic school year.

Date of Measurement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mm dd yy

Grade:  K  2  4  7  10

Body Mass Index (BMI): \_\_\_\_\_

**Weight Status Category (sex-specific BMI-for-age percentile):**

- < 5<sup>th</sup>
- 5<sup>th</sup> to <50<sup>th</sup>
- 50<sup>th</sup> to <85<sup>th</sup>
- 85<sup>th</sup> to <95<sup>th</sup>
- 95<sup>th</sup> and over

**Primary Race/Ethnicity:**

- Black (not Hispanic)
- White (not Hispanic)
- Hispanic
- Asian
- Other

**In the last twelve months, has the student had:**

- |                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Prediabetes     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type 1 diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type 2 diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prehypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypertension    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Provider Name: \_\_\_\_\_

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