



DEPARTMENT OF EDUCATION

Body Mass Index (BMI) Report



SCHOOL: _____

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|----------------|-----------------------|---------------------|
| STUDENT'S NAME | | DATE OF BIRTH |
| GRADE | ROOM NUMBER/ HOMEROOM | DATE OF MEASUREMENT |

Dear Parent/ Guardian:

Your child's growth is one indicator of his/her health status. The student's growth can be measured by monitoring his/ her height and weight over time. As part of the health screenings at school, your child's height and weight were measured. The results are recorded below:

| HEIGHT(inches) | WEIGHT(lbs) | BMI | BMI-for-age Percentile |
|----------------|-------------|-----|------------------------|
| | | | |

Body Mass Index (BMI) is a measurement of body heaviness and an indirect measure of body fat. Your child's BMI-for-age was in the following:

- At or above the 95th percentile (considered obese)
(at risk for heart disease, high blood pressure, and diabetes)

- 85th - 94th percentile (considered to be overweight)
(at risk for heart disease, high blood pressure, and diabetes)

- 5th- 84th percentile (considered at healthy weight)

- Below the 5th percentile (considered underweight)
(at risk for malnutrition, anemia, or other underlying conditions)

- I recommend you take your child (and this form) to your doctor for further evaluation.

Please do not put your child on a weight gain or loss diet. Instead, encourage good nutritional practices and daily physical activity.

If you have any questions or would like information on available resources go to www.cdc.gov or contact the School Nurse.

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|-----------------------------|---|
| PRINCIPAL'S SIGNATURE | SCHOOL HEALTH COUNSELOR'S SIGNATURE/ DATE |
| PARENT/GUARDIAN'S SIGNATURE | DATE |
| DOCTOR'S REPORT/SIGNATURE | |