Student Health Appraisal Supplement
for Body Mass Index and Weight Status Reporting

This supplement should be completed and attached to student health appraisals for students i Kindergarten, 2nd, 4th, 7th or 10th grade. This information is required under New York State Edu (Section 903) by the beginning of the 2008 academic school year.

Student Name: _____ **Date of Birth:** ____/____
First Last mm dd

Gender: ☐ **Male** ☐ **Female**

Grade (*Check One*): ☐ **Kindergarten** ☐ **2** ☐ **4** ☐ **7** ☐ **10**

Date of Measurement: ____/____/____
mm dd yyyy

Body Mass Index (BMI): ____ ____.____

Weight Status Category (Based on BMI percentiles for age and gender):

(Check ONE)

☐ Less than 5th
☐ 5th through 49th
☐ 50th through 84th
☐ 85th through 94th
☐ 95th through 98th
☐ 99th and higher

Specify current diseases (*Check ALL that apply*):

☐ Asthma
☐ Diabetes, Type 1
☐ Diabetes, Type 2
☐ Hyperlipidemia (High Cholesterol or Triglycerides)
☐ Hypertension (High Blood Pressure)