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 in Kindergarten 2nd, 4th, 7th or 10th grade. This information is required under New York State Education (Section 903) by the beginning of the 2008 academic school year.

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

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 through higher

Specify current diseases (Check ALL that apply):

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