

BMI DATA ENTRY FORM (School Year 2009–2010)

Student Information

Student name: _____ (FIRST Middle Initial LAST)

Student SSN: _____

Guardian name: _____ (FIRST LAST)

Address: _____ (Street, City, State, Zip)

Grade: _____ (Pre-K, K, 02,04,06,08,10) Student gender: _____ (Male/Female)

Date of birth: _____ (MM/DD/YY) Teacher name: _____

Station # _____ Assessment date: _____ (MM/DD/YY)

Measurement Data

Note: Clearly indicate if you are using measurements other than pounds and inches

1st Height ___ ___ & ___ /8ths inches Weight ___ ___ . ___ pounds

2nd Height ___ ___ & ___ /8ths inches

If the difference between height measurements 1 and 2 is greater than 1 inch re-measure and enter 3rd & 4th height

3rd Height ___ ___ & ___ /8ths inches 4th Height ___ ___ & ___ /8ths inches

Unable to Assess

Check a reason below if measurement or student data cannot be obtained

1. Absent 2. Physical disability 3. Student refused

4. Parent refused 5. No longer at this school 6. Student is pregnant

7. Could not get two height measurements within 1 inch

8. Other (insert comment) _____

9. Weight exceeded scale's limit

School Information

SCHOOL NAME: _____

SCHOOL DISTRICT NAME: _____

COUNTY: _____



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ACHI's BMI Hotline: 501-526-2267