Body Mass Index (BMI) Screening Referral

Name: ______________________________ Date: ________________

School: ______________________________ Grade: ________________

Dear Parent/Guardian:

Your child was measured for height and weight as part of the yearly school growth screening program. A Body Mass Index (BMI) was also calculated which is used as a guideline to help assess whether a person is overweight or underweight. His/her measurements were:

Height: ________ Weight: ________ Body Mass Index (BMI): ________

Being either overweight or underweight can put a person at risk for certain health problems. A student who is overweight has an increased risk of developing serious conditions, including diabetes, heart disease, high blood pressure, stroke and certain cancers. A student who is underweight has an increased risk for heart problems, loss of bone mass, and anemia. Underweight may also be a sign of an underlying eating disorders.

Many factors, including sports participation or family history, can influence height and weight in children and adolescents. BMI should be considered a screening tool.

Your child’s health care provider is the best person to evaluate whether or not his/her measurements are within a healthy range. Keep in mind that this is only a health screening, please share the results with your child's physician, who may suggest changes in eating or physical activity or may have other suggestions.

If you have any questions please call the school nurse.

__________________________
School Nurse

Physician’s Recommendations: ________________________________

__________________________
Physician Signature: ___________________________ Date: ________________

Return report to the School Nurse