DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

Results of Body Mass Index (BMI) Screening Letter

______________________________________ SCHOOL

Report Date: ____________
To the Sponsor/parent/Guardian of: ______________________________________

Dear Sponsor/Parent/Guardian:

Your child was weighed and measured as part of the Body Mass Index (BMI) Screening Program. BMI is a way we can check to see if your child has a healthy weight. The results of the screening compare your child’s height and weight to other children of the same age and sex. The results are given as a ‘percentile.’ Your child’s BMI is only being shared with you. No one else will see these results.

_________________ results of ___________ showed:

Student’s First Name          Date

Height:______inches           Weight:______lbs.           BMI-percentage for age:_______ %

__________'s BMI is below the 5th percentile, s/he may be underweight. If ____________'s BMI is above the 85th percentile, s/he may be overweight or obese. If ____________ is not in the healthy weight range, you should talk with ____________’s doctor or nurse. He or she can give you ideas about how to help ____________ get to a healthy weight.

You may have talked about ____________’s weight with your doctor or nurse before, but you can use these screening results to talk with them again. Tracking growth patterns over time can help you make sure your child is achieving or maintaining a healthy weight. A single BMI-for-age calculation is not enough to evaluate long-term weight status because height and weight change as your child grows. BMI may not tell the whole story about ____________’s weight. Other things can affect the BMI. For example, BMI cannot tell the difference between muscle and fat. An athletic child with a lot of muscle may have a high BMI but not be overweight.

Maintaining a healthy weight throughout childhood and adolescence may reduce the risk of becoming overweight or obese as an adult. Encourage your child or teen to practice healthy weight habits by:

- Eating Healthy Foods
- Participating in Physical Activity on most (preferably all) days of the week
- Limiting television viewing

Sincerely,

School Nurse Name & Title: __________________

DoDEA SHSM Form H-6-4

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Previous Edition is Obsolete