



PE4ME JR Student Medical Form

DATE: / /

Waist Circumference: . cm

STUDENT NAME#: _____

HEIGHT: . cm

STUDENT ID#

WEIGHT: . kg

BLOOD PRESSURE: /

DOB: / /

GRADE:

GENDER: M¹ F²

SCHOOL NAME/ ID #: Crown Valley Elementary

***A=Healthy Food *B=Unhealthy Food**

***Y=Healthy Activity Z*=Unhealthy Activity**

Picture Scales:

1A	<input type="radio"/>	1B	<input type="radio"/>		1Y	<input type="radio"/>	1Z	<input type="radio"/>
2A	<input type="radio"/>	2B	<input type="radio"/>		2Y	<input type="radio"/>	2Z	<input type="radio"/>
3A	<input type="radio"/>	3B	<input type="radio"/>		3Y	<input type="radio"/>	3Z	<input type="radio"/>
4A	<input type="radio"/>	4B	<input type="radio"/>		4Y	<input type="radio"/>	4Z	<input type="radio"/>
5A	<input type="radio"/>	5B	<input type="radio"/>		5Y	<input type="radio"/>	5Z	<input type="radio"/>
6A	<input type="radio"/>	6B	<input type="radio"/>		6Y	<input type="radio"/>	6Z	<input type="radio"/>

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