## 

## **TO:**

## **FAX #:**

## **PHONE #:**

## **FROM:**

**SCHOOL:**

## **FAX #:**

## **PHONE #:**

## **SUBJECT: Follow up on Student Health Examination Form**

**DATE:**

### **Remarks: ❒ Urgent ❒ For review ❒ Reply ASAP ❒ Please comment**

The following student from your practice submitted a Health Examination Form which is missing the: **Weight Status Category (BMI-for-age percentile).**

**New York State Law requires that the Weight Status Category may only be determined and documented by their health care provider.**

Included in this transmission is a Student Health Examination Form with the name, birth date and date the exam was completed for this student. **Please add the Weight Status Category (BMI-for-age percentile) based on that exam, sign at the bottom, and return to me via the fax number above.**

Should you have any questions regarding this request, please feel free to contact me.

Thank you for your assistance.

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