

DISTRICT Tally Sheet

Part 2: Health Conditions Survey

District: _____

Date Completed: ____/____/____

District BEDS Code: _____

Tallied by: _____

Number of Students in all Grade Groups (Male plus Female) Enrolled in District: _____

Health Condition	Tallies (Males plus Females)	District Totals
Asthma		<u>Asthma Total:</u>
99 th and Greater BMI-for-age Percentile		<u>99th and Greater Total:</u>
Diabetes, Type 1		<u>Diabetes, Type 1 Total:</u>
Diabetes, Type 2		<u>Diabetes, Type 2 Total:</u>
Hyperlipidemia		<u>Hyperlipidemia Total:</u>
Hypertension		<u>Hypertension Total:</u>

Please note: If the number of Students is Less than five, please leave blank, DO NOT enter a Zero, 1, 2, 3, or 4.

Enter Health Condition based on School Health Examination Form for All Students regardless of weight status category.