

# School Survey BMI Part 2-Health Conditions Survey

Sign in to the Health Commerce System:  
[https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html)

Select "School Survey"  
 Click "School District" then Submit  
 Click "Data Entry"  
 Under "Activity" select BMI 2019-20  
 Under 'Form' select 2019-2020 BMI Part 2: Health Conditions Survey

Then follow the directions to the right on this page →

**Form Information**

Navigational Style:

\* Required Field   ✓ Data Saved to Work Area   ● Data Submitted  
 ← Current Field/Selection   ? Field Information   Ⓜ Field with Rules   ⚠ Warning   ❌ Error

**Data Entry**   **Data Review**   **Data Submission**

2019 - 2020 BMI Part 2: Health Conditions Survey   **Save All**   **Review & Submit**   **Reset**

Export options: [View Data PDF](#) [Blank Form PDF](#)

Show/Hide sections

Please remember to enter data for the two (2) grade groups, including district total, for a total of three (3) groups. It is important that you check your count data for all reporting fields against your district tally sheet before submitting to ensure accuracy.

Click on the **SAVE & ADD GROUP** button below to enter for each Grade Group Health Conditions Survey

After you submit Data to DOH, Print a copy of your School Survey BMI Part 2—Health Conditions Survey using [View Data PDF](#)

Export options: [View Data PDF](#)

2019 - 2020 BMI Part 2: Health Conditions Survey   **Save All**   **Review & Submit**   **Reset**

1. In the Grade Group section, click **Save & Add Group** to create a fresh, blank copy of the questions.
  2. Enter your values into the blank fields. **Do not** overwrite a previous entry.
  3. Repeat steps 1 and 2 for each grade group (Elementary, Middle/High, & District Totals as appropriate for your District).
  4. Click **Save All**.
  5. Click **Review & Submit**.
  6. If you have no errors click **Submit Data to DOH**.
- 

Group: (Choose One)   **Select a Value:**  
 Grade Pre-K, K, 1, 3, 5  
 Grade 7, 9, 11  
 District Total

Total number of students enrolled in this group (males + females)

Enter Health Condition based on School Health Examination Form for all Students regardless of weight status category.  
 Please note: If the number of Students is Less than Five (5), please leave Blank, DO NOT enter a Zero (0), 1, 2, 3, or 4.

Number of students with Asthma

For the 95th & Greater BMI-for-age Percentile question: Please refer to the SCHOOL Tally Sheet BMI Part 1: Student Weight Status Category Survey, under 95th and greater.

Enter the total number of students in the 95th and greater BMI-for-age percentile (males + females)

Enter Health Condition based on School Health Examination Form for all Students regardless of weight status category.  
 Please note: If the number of Students is Less than Five (5), please leave Blank, DO NOT enter a Zero (0), 1, 2, 3, or 4.

Number of students with Diabetes, Type1

Enter Health Condition based on School Health Examination Form for all Students regardless of weight status category.  
 Please note: If the number of Students is Less than Five (5), please leave Blank, DO NOT enter a Zero (0), 1, 2, 3, or 4.

Number of students with Diabetes, Type2

Enter Health Condition based on School Health Examination Form for all Students regardless of weight status category.  
 Please note: If the number of Students is Less than Five (5), please leave Blank, DO NOT enter a Zero (0), 1, 2, 3, or 4.

Number of students with Hyperlipidemia (High Cholesterol or Triglycerides)

Enter Health Condition based on School Health Examination Form for all Students regardless of weight status category.  
 Please note: If the number of Students is Less than Five (5), please leave Blank, DO NOT enter a Zero (0), 1, 2, 3, or 4.

Number of students with Hypertension

## HERDS: 2019 - 2020 BMI Part 2: Health Conditions Survey

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Activity :	BMI 2019-20	Name :	Z TEST SCHOOL DISTRICT (038808990000)
Organization :	Z TEST SCHOOL DISTRICT	Address 1 :	800 North Pearl Street
Form :	2019 - 2020 BMI Part 2: Health Conditions Survey	Address 2 :	Room 236
Data Entry		City :	Albany
Type :	School Districts	State & Zip :	NY-12204
Name :	Z TEST SCHOOL DISTRICT	County :	Albany (001)
Time Period :		Region :	Capital District Regional Office
		Phone & Fax :	518-473-9199 & 518-473-1615

### Group\*\*

3. Group

Group: (Choose One)

Total number of students enrolled in this group (males + females)

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 Please note: If the number of Students is Less than Five (5), please leave Blank, DO NOT enter a Zero (0), 1, 2, 3, or 4.

Number of students with Asthma

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Enter the total number of students in the 95th and greater BMI-for-age percentile (males + females)

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