CATCH Kids Club
Biometrics Log

Date: _____ Measurement Administrator: _____ Site: _____

Time: _____ Please Circle One: Health Educator ASP Partner Other County: _____

For Office Use Only							Fall		Spring		
ID Number	First Name	Last Name	Height Consent Received (Check if Yes)	Weight Consent Received (Check if Yes)	Gender	Date of Birth	Height (cm)	Weight (kgs)	Height (cm)	Weight (kgs)	Comments

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