

Sample Referral Letter to Parents for BMI Screening Referral

(School Letterhead)

(Date)

Dear Parent,

_____ was recently weighed and measured in our school as
(Student name)
part of the school's growth screening program. Your child's measurements were:

Weight _____ Height _____

This information is used to calculate a "Body Mass Index" (BMI) that is adjusted for age and used to determine appropriate growth and weight by health professionals.

Your child's BMI for age percentile is ____%. This BMI is considered:
underweight ____ overweight ____.

Children who are either underweight or overweight are at risk for certain health problems. We recommend that you talk with your child's physician to identify ways to ensure your child's optimal health. The best person to evaluate your child's weight status is your child's regular doctor or health care provider.

Ask your doctor for advice about good nutrition and physical activity. Health care providers recommend the following for all children:

- 5 – Five servings of fruits and vegetables per day
- 2 – Less than 2 hours screen time per day
- 1 – One hour of physical activity per day
- 0 – Zero soda or sugared sweetened beverages per day.

If you do not have health insurance or access to health care, please contact me for information about possible medical services.

If you have any questions, please call _____, School Nurse at
(School nurse name)

(Phone #)