



## PHILIPPINE NATIONAL POLICE ACADEMY

### CADET ADMISSION TEST APPLICATION

# BODY MASS INDEX FORM

**(To be accomplished by a Government Physician/Registered Nurse)**

Name:	
Address:	_____ _____
Age:	_____ years old upon application
Height:	_____ in cm (Bare Foot)
Weight:	_____ in kgs.
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
BMI:	<input type="checkbox"/> Normal <input type="checkbox"/> Obese I <input type="checkbox"/> Underweight <input type="checkbox"/> Obese II <input type="checkbox"/> Overweight

I HEREBY CERTIFY that I personally examined the above-named applicant, to determine his/her height and weight measurement.

\_\_\_\_\_  
Date Examined

\_\_\_\_\_  
Name & signature of Physician/Nurse

\_\_\_\_\_  
License No.

Name of Hospital/Clinic: \_\_\_\_\_

Contact No. \_\_\_\_\_