

ANTHROPOMETRIC EXAM FORMGender (*circle one*): Male / Female

ID#: _____

Date of Birth: _____

Date of examination: _____

Examiner: _____

| Scale QC - Use object of known weight Record weight here (including units): | Initial Scale reading with object | COMMENTS (Type of object used) |
|--|-----------------------------------|-----------------------------------|
| | | |

MOTHER'S MEASUREMENTS

| Biological MOTHER | Measurement | Exam Comments |
|-----------------------------|-------------|---|
| Height <i>Specify Units</i> | | <ul style="list-style-type: none"> • unreliable – reason _____ • not present, so reported |
| Head Circumference (cm) | | <ul style="list-style-type: none"> • unreliable – reason _____ |

CHILD'S MEASUREMENTS

| Growth Parameters | Measurement | Exam Comments |
|-------------------------|-------------|---|
| Height (cm) | | <ul style="list-style-type: none"> • unreliable – reason _____ |
| Weight (kg) | | <ul style="list-style-type: none"> • unreliable – reason _____ |
| Head Circumference (cm) | | <ul style="list-style-type: none"> • unreliable – reason _____ |

1) Was [CHILD] born with any problems in the structure of his/her body or organs (also know as birth defects)?

No

Yes - describe _____

2) Has [CHILD] had any corrective surgeries? This includes surgeries to repair problems in the abdominal or genital region (such as hernias)?

No

Yes - describe _____

3) Does [CHILD] have a diagnosis of a genetic syndrome?

No

Possible Dx*: _____

Yes Dx*: _____

4) Has [CHILD] had a genetics evaluation, blood tests for problems with genes or chromosomes, or been seen by a genetics doctor or genetic counselor?

No

Yes* Reason/Results: _____

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