

**ANTHROPOMETRIC EXAM FORM**Gender (*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"> <li>• unreliable – reason _____</li> <li>• not present, so reported</li> </ul>
Head Circumference (cm)		<ul style="list-style-type: none"> <li>• unreliable – reason _____</li> </ul>

**CHILD'S MEASUREMENTS**

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

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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Public reporting burden of this collection of information is estimated to average 5 10 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0010).