



WEIGHT LOSS GRANTS ORGANIZATION

2300 YONGE STREET
SUITE 2002, BOX 2449
TORONTO, ON M4P 1E4



Health and Weight Diagnosis

Clinic Name:

Address:

City, Province, Postal Code:

Phone # ()

Fax # ()

Applicant Name:

Address:

City, Province, Postal Code:

Phone # ()

BMI	21	22	23	24	25	26	27	28	29	30	31
4' 10"	100	105	110	115	119	124	129	134	138	143	148
5' 0"	107	112	118	123	128	133	138	143	148	153	158
5' 1"	111	116	122	127	132	137	143	148	153	158	164
5' 3"	118	124	130	135	141	146	152	158	163	169	175
5' 5"	126	132	138	144	150	156	162	168	174	180	186
5' 7"	134	140	146	153	159	166	172	178	185	191	198
5' 9"	142	149	155	162	169	176	182	189	196	203	209
5' 11"	150	157	165	172	179	186	193	200	208	215	222
6' 1"	159	166	174	182	189	197	204	212	219	227	235
6' 3"	168	176	184	192	200	208	216	224	232	240	248
Height	Weight - measured with clothes but no shoes or over garments.										

Body Mass Index: _____

Height: _____ Ft. _____ In.

Weight: _____ lbs.

BMI	
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 - 39.9	Obese
40.0 and above	Extreme obesity

CHECKED ID

INITIAL

RECOMMEND

INITIAL

FEE WAIVED

INITIAL

Clinic Director:

Print Name:

_____/_____/_____
Month / Day / Year