			UNSCHEDULED CH	IILD MEASUREMENT FORM	
Health	Board:	Schoo	l: 	School No:	APPOINTMENT DATE: EXAMINER NAME EXAMINER CODE
1	Forename: Gender:	DoB:	Address:	HEIGHT •	cm PARENT REQUESTED FEEDBACK DATE DATE Full different REASON TO EXCL FROM CMP REASON NOT MEASURED CLOTHING
2	Forename: Gender:	DoB:	Address:	HEIGHT • •	PARENT REQUESTED FEEDBACK DATE If different REASON TO EXCL FROM CMP REASON NOT MEASURED CLOTHING
3	Forename: Gender:	DoB:	Address:	HEIGHT •	cm PARENT REQUESTED FEEDBACK DATE DATE Fidifferent REASON TO EXCL FROM CMP REASON NOT MEASURED CLOTHING
4	Forename: Gender:	DoB:	Address:	HEIGHT •	cm PARENT REQUESTED FEEDBACK DATE for different REASON TO EXCL FROM CMP REASON NOT MEASURED CLOTHING
5		DoB:	Address:	HEIGHT • •	cm PARENT REQUESTED FEEDBACK DATE FIGHT Afficient REASON TO EXCL FROM CMP REASON NOT MEASURED CLOTHING
F	REASON TO EXCLUDE FF 1 Opled Out of CMP Data i 2 Accurate Measurements	nclusion 1 Opte	NOT MEASURED 3 Linwell dout of Measuring 4 Left School operative Child 5 Session Cance	6 Absent (still attending school)	CLOTHING TYPES: 1 - Light Clothing 2 - Underwear Only 3 - Gym Clothes 4 - Heavy Clothing 5 - Other