



PHILIPPINE NATIONAL POLICE ACADEMY

CADET ADMISSION TEST APPLICATION BODY MASS INDEX FORM

(To be accomplished by a Licensed Physician)

Name:		
Address:	<hr/> <hr/>	
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"/> Underweight <input type="checkbox"/> Overweight	<input type="checkbox"/> Obese I <input type="checkbox"/> Obese II

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

License No.

Name of Hospital/Clinic: _____

Contact No. _____