



PHILIPPINE NATIONAL POLICE ACADEMY

CADET ADMISSION TEST APPLICATION BODY MASS INDEX FORM

(To be accomplished by a Licensed Physician)

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

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. _____