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| Student Name: |
| Sex: M or F | Date of Birth: | Date of Entry: |
| Co-Morbid Conditions: |
| Medications:  |
| Height: | Initial Weight: |
| Initial BMI: | Goal BMI: | Goal Weight: |
| Weigh-in Frequency: Weekly Biweekly Monthly (circle one) |
| Date | BloodPressure | Weight | Weight Change+/- | BMI |
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