**BMI Report (Body Mass Index) :-**

|  |  |
| --- | --- |
| **Name** | **:** |
| **Age/Sex** | **:** |
| **Height** | **:** |
| **Weight** | **:** |
| **Your BMI** | **:** |

**Remark :-**

\*\*Note: This is not a valid report for medico-legal purpose

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Member’s Signature Signature