DSWD
Department of Social Welfare and Development
BAGONG PILIPINAS

NAME OF HH. GRANTEE: _____ BARANGAY: _____

HH ID. No: _____ SET / PARENT GROUP: _____

NAME OF 5-18 MEMBER: _____

DATE OF BIRTH: _____

AGE: _____

HEIGHT (in $m^2$ ) : _____

WEIGHT (in kg) : _____

Body Mass Index (BMI): _____

_____

(Name and Signature of Authorized Signatory)

BHW/ BNS/ RHU Staff

*( For household members 5-18 years old ONLY)*


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