

2018

Application for Anthropometric Equipment
South Dakota Department of Health

Application for: _____ Scale _____ Measuring Board

Only one application allowed per school building.

School Building Name:

District Name:

Contact Persons Name:

Telephone Number:

Email Address:

If approved, person and street address (not PO Box) to whom to ship equipment:

Scale:

Is weight measured on a balance beam scale?

If no, how is weight obtained?

Is scale moved from location to location?

Where would this scale be located?

Would location allow for privacy when obtaining weight?

Why do you want a new scale?

Measuring Board:

Is height measured on a wall-mounted measuring board?

If no, how is height obtained?

Where would this measuring board be located?

Why do you want a new measuring board?

School Height /Weight Data Collection:

Has this school participated in the height/weight data collection?

Would you be willing to participate if you received this equipment?

Approximately how many students would you measure each year?

****School agrees to submit data for a minimum of 3 years if awarded the equipment.****

Signature of Building Principal: _____

Print name of Principal: _____

Submit application by regular or electronic mail or by fax before September 30th to:

Susan Alverson, RD, LN

SD Department of Health

223 S. Van Eps Ave. Ste. 201

Madison, SD 57042

Phone: 605-256-5740

Fax: 605-256-5043

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