

UNFHCC ERIE WIC Program Certification Form



Name _____ DOB ____/____/____ Sex M F
Address _____ Phone Number (____) ____ - ____
City _____ Zip Code _____ FID # _____

FOR MEDICAL PROVIDER USE ONLY – ALL DATA MUST BE COMPLETED WITHIN 60 DAYS

For Pregnant Women
Expected Date of Delivery _____ Prepregnancy Weight _____
Weight _____ Height _____ Date Taken _____
Hemoglobin _____ (or) Hematocrit _____ Date Taken _____ (must be during current pregnancy)
Signature/Title: _____ Date: _____

For Breastfeeding and Postpartum (Non-Breastfeeding) Women
Date of Delivery _____ Weight before delivery _____
Weight _____ Height _____ Date Taken _____
Postpartum Hemoglobin _____ (or) Hematocrit _____ Date Taken _____
Signature/Title: _____ Date: _____

For Infants and Children less than 24 months of age
Birth Weight _____ Birth Length _____ Gestational Age _____
Current Weight _____ Current Height _____ Date Taken _____
Hemoglobin _____ (or) Hematocrit _____ Date Taken _____ (only needed if older than 9 months)
Current Formula (if applicable) _____
Signature/Title: _____ Date: _____

For Children 2 to 5 years of age
Weight _____ Height _____ Date Taken _____
Hemoglobin _____ (or) Hematocrit _____ Date Taken _____
Lead Level _____ Date Taken _____ (High venous lead level \geq 3.5 mcg/dl)
Signature/Title: _____ Date: _____

BTWC
1720 Holland St
(814) 453-5747
FAX 456-8865

Mini Mall
556 W 4th St
(814) 459-1948
FAX 459-3063

JFK Center
2021 E 20th St
(814) 899-1734
FAX 899-1679

Girard/Edinboro
4880 Birchdale Dr
(814) 774-8787
FAX 774-5410

North East
30 Bothel St
(814) 453-5747
FAX 899-1679

Union City/Corry
130 North Main St
(814) 438-9207
FAX 438-7613

This institution is an equal opportunity provider.