

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

www.eriecountywic.org

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