

UNFHCC ERIE COUNTY WIC PROGRAM

REQUEST FOR MEASUREMENTS

Name _____ FID# _____

Date of Birth _____ Endorser _____

The PA WIC program requests measurements for infants and children at least every 6 months and when additional monitoring is indicated. Please have this form filled out by a healthcare provider by your next WIC appointment. If you are unable to have this completed at a physician's office, please bring your infant or child to the WIC office to be measured.

MEDICAL PROVIDER USE ONLY - ALL INFORMATION VALID WITHIN 60 DAYS OF WIC APPOINTMENT

Current Weight: _____ Current Height/Length: _____ Date: _____

Healthcare Facility Name _____ Phone # _____

Provider Signature/Title _____

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
(814) 774-8787
FAX 774-5410

North East
(814) 899-1734
FAX 899-1679

Union City
(814) 438-9207
FAX 438-7613

Corry
(814) 665-0942
FAX 665-0942

PA WIC is funded by the USDA. USDA is an equal opportunity provider, employer, and lender.

Revised Nov. 2025

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