

R- 01.21 WIC Paper Assessment Tool

Participant ID: _____

Date: _____

CPA Initials: _____

Print a copy of the growth charts to use with this form.

Lab

Anthropometric Data
Plot on appropriate growth chart. Attach to this form.

1. *Birth length: _____ in _____ 1/8 Unknown
2. *Birth weight: _____ lbs. _____ oz. Unknown
(High Risk 141 VLBW/LBW infant ≤ 2,500g (5lbs 8 oz) <2 years old)
 (Risk 153 birth wt >9 lbs (4900grams) or >90th large for gestational age)
3. *Completed weeks of gestation: _____ Unknown
(Risk 142 Preterm Delivery or Early Term Delivery)
4. *Immunization status:
 Reviewed Referred
5. *Has the child had a blood lead test? No Yes Don't know

Determine Body Mass Index: **BMI = Weight (lbs) / Height (in)² x 703**

Weight	Height
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Non WIC	*Anthro Date	*lbs	*oz	?	*In	*1/8	?	BMI	BMI/Age	Wt/Age	Wt/In
<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>				

- Reason measurement? (if applicable)**
- Child not present to verify
 - Disability
 - Other
 - Refused to take off coat, heavy clothing, etc.
 - Uncooperative

- High Risk – Risk 103 Underweight for length ≤ 2.3rd <24 months or BMI ≥5th percentile if >24 months of age
- High Risk - Risk 113 Obese if BMI ≥95th percentile >24 months of age
- Risk 114 – Overweight if BMI <95th percentil >24 months of age
- High Risk – Risk 115 High weight for length ≥97.7th <24 months
- Risk 121 – Short stature for age or At risk of short stature for age ≤2.3rd <24 months; ≤5th >24 months

Weight and Height Comments:

Bloodwork					
Non-WIC	*Date of Bloodwork	HGB	Hct	Lead Value	No Blood
<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/>					<input type="checkbox"/>

- Exemption Reasons (if applicable):**
- Bloodwork Not Required
 - Deferred
 - Medical Condition
 - Religion

- High Risk – Risk 201 Hgb ≤ 10.0 or Hct ≤ 31%
- Risk 201 if Hgb <11.0 or Hct <33%
- High Risk – Risk 211 Elevated blood lead ≥ 5mcg/dL)

Nutrition Risk(s) Identified: