Illinois State WIC Program Category: Child 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

WIC Date Date Date Date Date Date Date Date Date Dot of the control of the contr	Plot on appropriate growth chart. Attach to this form. 1. "Birth length: in 1/8 Unknown 2. "Birth weight: Ibs 0z Unknown (High Risk 1411/LEWLBWINHerd \$ 2,000g (Bibs 8 cg + 2 years old) (Risk 125 birth wt >0 bs (4000g ams) or >0011 large for gestallonal age) 3. "Completed weeks of gestation:														
2. "Birth weight: bs. oz. Unknown (High Rak: H41 VLBW/LBW/Infart \$2,500 (bbs 8 oz) <2 years ald) Unknown (Rik: 153 birth wt >9 ibs (4000 grams) or >900h large for gestalional age) Unknown 3. "Completed weeks of gestation: Unknown (Rik: 142 Pretern Delivery or Early Tem Delivery) Unknown 4. "Immunization status: No Yes Don'tknow Determine Body Mass Index: BMI = Weight (lbs) / Height (in) ² x 703 Weight Height wirc ibs 'oz ? 'in '1/8 ? BMI BMI/Age Wt/Age Wt/In Non 'Date 'lbs 'oz ? 'in '1/8 ? BMI BMI/Age Wt/Age Wt/In Disbility Other Table 'lbs 'oz ? 'in '1/8 ? BMI BMI/Age Wt/Age Wt/In Disbility Other in 'lbs origination' High Risk - Risk 103 Underweight for length \$2.3rd <24 months or BMI 250 percentils <24 months of age High Risk - Risk 1130 Underweight for length \$2.3rd <24 months of age High Risk - Risk 1130 Underweight for length \$2.3rd <24 months or S80 >24 months: S80 >24 months: S80 >24 months: S80 >24 months: Evenption Reasons Weight and Height Comments: Sioddwork Sioddwork <	2. "Birth weight: Ibs. oz. Uhknown (Hiph Risk 141 VLSW/LBWInder 52,500g (Glob 8 do: <2 years old) (Risk 153 birth vt >0 be (900g ums) or >00 h large for gestational age) 3. "Completed weeks of gestation:						Plot c	on appro		•		h to this fo	rm.		
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