

Illinois State WIC Program

Category: Infant

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 weight: _____ lbs. _____ oz. Unknown
 (High Risk 141 VLBW/LBW infant ≤ 2,500g (5lbs 8 oz) <2 year old)
 (Risk 153 birth wt >9 lbs (4900grams) or >90th for gestational age)

2. *Birth length: _____ in _____ 1/8 Unknown

3. *Completed weeks of gestation: _____ Unknown
 (Risk 142 Preterm Delivery or Early Term Delivery; less than weeks gestation)

4. *Immunization status:
 Reviewed Referred

5. *Has the baby had a blood lead test? No Yes Don't know

Non WIC	*Anthro Date	*lbs.	*oz.	?	*In	*1/8	?	BMI/ Age	Wt/ Age	Ht/Age	Wt/ Ln
<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)
 (High Risk – Risk 115 High weight for length ≥97.7th <24 months)
 (High Risk – Risk 135 Slow/faltering growth pattern)
 (Risk 121 – Short stature for age or At risk of short stature for age)

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

Risk 201: Low HGB/HCT Hgb/Hct at risk
 High Risk 201: Hgb ≤ 10.0 or Hct ≤ 31%

Risk 211: Elevated Blood Lead
 High Risk 211: if blood lead ≥ 5mcg/dL

Nutrition Risk(s) Identified: