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| --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01804 (02/2018) | | **STATE OF WISCONSIN** | |
| **APPOINTMENT RESULTS**  **WISCONSIN WIC PROGRAM**  Your WIC visit does not replace medical visits. You may want to share these results at your next doctor’s visit. | | | |
| Name | | | Date of Birth |
|  | | |  |
| **Measurements/Results:** | **Date of Result** | | |
| Weight |  | | |
| Height/Length |  | | |
| BMI |  | | |
| **Bloodwork Results:** | **Date of Result** | | |
| Hemoglobin |  | | |
| Lead |  | | |
| **WIC Project** | | | |
|  | | | |