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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-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**  |
|       |