



Effective October 9, 2019



Arizona WIC Referral and Physical Presence Exemption Form

This form may be used to provide medical data to the WIC Program. Medical data may also be provided on a signed medical prescription form, signed letterhead, or other official medical record.

1. Patient's Name: _____ 2. Patient's Date of Birth: _____

3. Medical Information

Date of Anthropometric Measurements: _____

Weight:

____ lbs. ____ oz. **or** ____ kg. ____ gm.

Length/Height:

____ ft. ____ in. **or** ____ cm. ____ mm. (Recumbent? Y/N)

Date of Bloodwork Measurements: _____

Hgb: _____ g/dl Hct: _____ %

4. Physical Presence Exceptions (if applicable)

It is the policy of the Arizona WIC Program that applicants are required to be physically present to determine eligibility. Exceptions may be made for persons with permanent or temporary disabilities that make it difficult to attend the WIC appointment. Please check an Exception below if the applicant meets any of the following exceptions, if she cannot present in the clinic:

- Exception 1: A condition that requires medical equipment that is not easily transportable
- Exception 2: A medical condition that requires confinement to bed (including bed rest)
- Exception 3: A serious illness that may be worsened by coming to the clinic
- Exception 4: A serious or contagious illness

NOTE: While the above exceptions apply for physical presence, height and weight are required to determine WIC eligibility. Please provide the most recent height and weight and, if available, bloodwork data.

5. Provider's Information

Provider's Name: _____ Provider's Phone Number: _____

Provider's Signature: _____ Today's Date: _____

This institution is an equal opportunity provider.