1. **Medical diagnosis:** Check a qualifying medical diagnosis:
   - Gastrointestinal disorders/malabsorption syndrome
   - Preterm or early delivery ≤ 38 weeks gestation (<2 years old)
   - Low birth weight ≤ 5 lbs. 8 oz. (<2 years old)
   - Metabolic disorders/inborn errors in metabolism
   - Severe food allergies: **must explain under Notes**
   - Other medical diagnosis or condition that impacts nutritional status: **must explain under Notes**

   **Notes:**

2. **Prescribe formula** (Requests for special formulas are subject to WIC approval)
   - **A. Formula**
     - Similac Advance (20 kcal/oz.)
     - Similac Soy Isomil (20 kcal/oz.)
     - Similac Sensitive (19 kcal/oz.)
   - PediaSure
   - Similac NeoSure (22 kcal/oz.)
   - Enfamil Nutramigen
   - Gerber Extensive HA
   - Similac Alimentum

   **Six month time limit**
   - Similac Total Comfort (19kcal/oz.)
   - Gerber Extensive HA
   - Similac Alimentum

   **B. Prescribe amount:**
   - Allow up to maximum amount, WIC staff and caregiver will determine amount OR
   - _____ Ounces per day (not to exceed the maximum amount of formula allowed by WIC)

   **Special instructions:**

3. **Length of time**
   - 3 months
   - 6 months
   - 12 months
   - Other: _____ (not to exceed 12 months)

4. **WIC supplemental foods:** Unless indicated below, WIC will provide all supplemental foods.
   - **A. WIC dietitian to determine type and amount of supplemental foods, and length of time (if Yes; go to Box 5)**
   - **B. No eggs**
   - **C. Give infant cereal in lieu of breakfast cereal**
   - **D. WIC issues whole milk to children 12-23 months and nonfat or 1% milk to children older than 23 months.**

5. **Healthcare provider information**
   - Name: ___________________________ Date: ______________
   - Signature: ___________________________ Phone: (______)____________ Fax: (______)_____________

6. **Release of information – signed by caregiver**
   - I authorize Washington WIC staff to talk to my health care provider about my child’s health and nutrition needs. This authorization is good for the length of this certification. I understand that I may cancel this authorization at any time by written request to WIC staff. This release isn’t a condition of WIC eligibility. This release doesn’t include these conditions: sexually transmitted infections, mental health concerns and chemical dependencies.

   Caregiver Signature ___________________________ Date: ______________
   Printed name ___________________________

---

**Washington WIC Medical Documentation Form - Children 1 – 5 years**

See back for instructions. Questions? Call the child’s WIC clinic or the Washington State Nutrition Program at 1-800-841-1410.

More information can be found at: [http://www.doh.wa.gov/wicformula](http://www.doh.wa.gov/wicformula)

*Breastfed babies are healthier. WIC supports breastfeeding*
INSTRUCTIONS:

Client information: Print first name, last name, date of birth, and caregiver first and last name.

1. Medical diagnosis
   Check one or more of the qualifying medical diagnoses. Qualifying diagnoses are specified by federal regulations. If 'must explain under Notes' follows a medical diagnosis that’s checked, provide a brief description of the impact to the child’s medical or nutritional status in the designated Notes section.

2. Prescribe formula
   A. **Formula:** Check the requested formula. Requests for special formulas are subject to WIC approval.
   B. **Prescribe formula amount:** Check either the box to allow up to the maximum amount of formula or indicate on the line provided the number of ounces per day if the amount is less than WIC provides. The maximum amount of formula for a child per month is 910 fl. oz. reconstituted.

   Under **Special instructions**, indicate any special needs (i.e. concentrating formula to increase calories or ready-to-feed).

   **Notes:** PediaSure must be re-evaluated every 6 months.
   When a formula is prescribed, supplemental foods must also be prescribed in Box 4.

3. Length of time
   Check the number months, or write in a time frame not to exceed 12 months.

4. WIC Supplemental foods:
   A. Check “WIC dietitian” if you prefer the WIC dietitian to work with the caregiver to decide type and amount of supplemental WIC foods, and length of time they are medically appropriate **OR**
   B. Check the box next to the foods that the child can’t tolerate based on the qualifying medical diagnosis. Foods won’t be provided when boxes are checked in Section B.
   C. If the child needs infant foods in lieu of breakfast cereal or fruit and vegetable check, check which foods WIC should provide.
   D. Check the appropriate box if:
      • The child is over 23 months and needs whole or 2% milk as a substitute for nonfat or 1% milk. The child must have a qualifying medical diagnosis.
      • The child is less than 23 months and needs 2% milk due to medical reasons or a concern for obesity.

5. Healthcare Provider Information
   A. Print name of medical provider, sign, and date the form.
   B. A signature or stamp of the healthcare provider is required along with phone number and date. A fax number is recommended.

6. Release of Information
   This is a voluntary authorization the child’s caregiver can sign allowing WIC staff to share client information with the healthcare provider.

7. Additional Information
   • WIC staff may call the healthcare provider’s office if there’s missing information or to clarify the request.
   • WIC staff can’t issue formula for more than one month when the form is incomplete.
   • The healthcare provider’s office may fax the completed form to the WIC clinic if the fax number is on the bottom of the front page or the client’s caregiver may return the form to the WIC clinic.