

**Palm Beach County WIC Program Immunization Referral/Reminder**

Site # \_\_\_\_\_ Date \_\_\_\_\_ E09 \_\_\_\_\_ Client ID \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

- ❖ FL SHOT check:                      In FL SHOTS?    Yes              No
  - Immunization status:            Up to date        Overdue        Due now
  - CIP (current immunization provider): PBCHD            Private MD    Generic
- ❖ Immunization Record check:    Record available?    Yes              No
  - Immunization status:            Up to date        Not up to date
- ❖ DTaP check:                            Up to date            Not up to date

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- ❖ Evaluation done by: Health Dept.    Private MD
- ❖ Immunization given?    Yes              No
- ❖ Notes:

Assessment done by \_\_\_\_\_ Date \_\_\_\_\_

**Palm Beach County Health Dept. staff please send to WIC Administration office by inter- office mail.  
PMD Please mail to:  
PBC Health Dept., WIC Administration Office, P.O. Box 29, WPB, FL 33402-0029**