

**YELED V'YALDA WIC PROGRAM
IMMUNIZATION REMINDER**

Parents: Please have your health care provider fully complete the chart, sign or stamp the bottom, and return to the WIC office.

Participant WIC ID Number: _____ **DOB:** _____

Immunization	First Shot	Second Shot	Third Shot	Fourth Shot
DTaP	2nd Month	4th Month	6-12th Month	18th Month
Hep B	Birth	2nd Month	6th Month	
MMR	12th Month			

**Immunization Hotline
212-676-2273**

Signature or Stamp of Health Care Provider

WIC is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age, or disability should write to the secretary of Agriculture, USDA. New York State prohibits discrimination based on creed, marital status and sexual orientation. Persons who believe they have been discriminated against based on the New York State Human Rights Law should call 1-800-795-3272 or 1-202-720-6382 (TTY) or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity employer. New York State prohibits discrimination based on creed, marital status and sexual orientation. Persons who believe they have been discriminated against based on the New York State Human Rights Law should call the Growing Up Healthy Hotline at 1-800-522-5006, or write to the WIC Program Director, Riverview Center, FL6W, 150 Broadway, Albany, New York, 12204.