


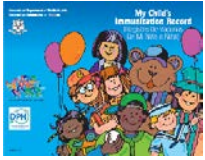


DPH IMMUNIZATION PROGRAM

CT WiZ INFORMATION FORM & RECORD BOOKLET ORDER FORM FOR BIRTHING HOSPITALS



All materials are free of cost, please allow 2 weeks for processing and delivery.

		Number of Forms
	<p>CT WiZ Handout Please include the CT WiZ Handout in the birth packets for parents to take home. This information sheet replaced the old CIRT enrollment form and brochure and comes bi-lingual in English and Spanish.</p>	
	<p>My Child's Immunization Record A pocket-sized personal 6-page booklet for parents to keep track of their child's shots and other routine tests during a child's checkup. Contains important phone numbers for CT resources.</p>	

This is a fillable PDF that can be saved to your computer, and emailed back to DPH.

Place your order by fax: **860-707-1925** or email: rachel.reynolds@ct.gov

Please call 860-509-7929 with any questions

Visit <https://portal.ct.gov/DPH/Immunizations/Immunization-Information-for-Health-Professionals> for additional order forms.

THE BOX BELOW IS USED AS THE SHIPPING LABEL.

PLEASE PRINT CLEARLY AND PROVIDE MAIL STOPS OR FLOOR/AREAS.

In case we have questions about your order, please print your email and telephone number:

Email: _____

Phone Number: _____

SHIPPING LABEL

Date of Order: _____

Birth Hospital Name: _____

Address: _____

Attn: _____