



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 |
|--|---|-----------------|
| | CT WiZ Handout The NEW information sheet for hospital birth packets, which replaces both the CIRTS Enrollment Form and the brochure, comes bi-lingual in English and Spanish. | |
| | 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. | |

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

Please call 860-509-7929 with any questions

[Click here](#) to download 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: _____

Birthing Hospital Name: _____

Address: _____

Attn: _____