

Personal Double Pump (PDP) and Manual Breast Pump Issuance Form

District:		Clinic:	
Name:		WIC ID #:	
Infant's Name:		Infant DOB:	
Address:			
City:		Zip Code:	
Phone:		2 nd Phone:	
Type of pump issued:	<input type="checkbox"/> Manual Breast Pump <input type="checkbox"/> Personal Double Pump: Serial # _____		
Select/Enter Reason for issuance:			
Issuance Notes/Follow Up:			

Breast Pump Issuance Conditions

Read each statement and sign below:

- I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to use and clean the pump, and how to safely store my breast milk. I will use the breast pump according to the instructions for assembly, use, and cleaning.
- I agree that the breast pump I have been given by the WIC Clinic is clean and in good working condition.
- I will call my WIC Clinic if the pump is not working properly.
- I understand that this breast pump is designed as a single-user pump, and is not intended to be shared.
- I understand that I am the only individual who is authorized to use this breast pump, and that I will not sell or give the pump away.
- I will not smoke around the pump.
- I understand that the WIC Clinic will contact me to provide breastfeeding support.
- I agree that I will not bring a claim against the Georgia WIC Program, the local WIC Clinic, or any employee connected with the Georgia WIC Program for any damages or expenses arising from my use or possession of the pump.
- I understand and agree with the conditions for issuance of this breast pump.

Participant Signature: _____ Date: _____

WIC Staff Signature: _____ Date: _____

Issuance Legend: For Official WIC use ONLY

Reasons to Issue a Manual Pump:

- A. Looking for work
- B. Working or going to school less than ten (10) hours per week
- C. Has limited access to electricity while pumping
- D. Requested due to engorgement

Reasons to Issue a Personal Double Pump (PDP):

- E. Works and/or goes to school more than ten (10) hour per week
- F. Plans to return to work within the next two weeks **AND**
- G. Has exclusively breastfed (EBF) an infant for at least four (4) weeks **AND**;
- H. Plans to breastfeed exclusively for six (6) months without receiving formula from WIC