

Blood Lead Screening

Print Child's Full name: _____

Child's Date of Birth: _____ MRN: _____

Risk Assessment & Screening

Ask: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?"

No suspected lead exposure _____ / _____ / _____
 Anticipatory Guidance given (MM/DD/YYYY)

Blood lead test: If the answer to the question is "yes" or "don't know."

Other indications for blood lead test

- Suspected lead exposure
- Parental request
- Recent immigrant from country with high levels of environmental lead
- Change in circumstance has put child at risk of lead exposure

Received a Venous / Capillary blood lead test on _____ / _____ / _____
(MM/DD/YYYY)

Test was administered by: _____
(Signature of HealthCare Professional)

Parent/Guardian Refusal of Blood Lead Testing

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children under the age of six years. I do object to my child being blood tested in order to determine if he/she is lead poisoned, and hereby refuse blood lead testing. I am aware that a copy of this refusal will be documented in my child's medical record.

Reason for Refusal _____

Signature _____ Relation to child _____ Date _____ / _____ / _____
(parent or guardian) (MM/DD/YYYY)