



LEAD SCREEN

Name of Child: _____ DOB: _____

Information provided by: _____ Date: _____

Circle the appropriate answer:

At this time, does your child:

1) Live in or regularly visit a house with peeling or chipping paint build before 1960? This can include a daycare center, preschool, the home of a babysitter or a relative's house, etc.

Yes / No

2) Live in or regularly visit a house built before 1960 with recent, ongoing or planned renovation or remodeling?

Yes / No

3) Have a brother or sister, housemate or playmate being followed or treated for lead poisoning (that is blood lead greater or equal to 16 ug/dl)?

Yes / No

4) Live with an adult whose job or hobby involves exposures to lead?

Yes / No

5) Live near an active lead melter, battery recycling plant or other industry likely to release lead?

Yes / No