## LEAD POISONING

Name	Date		
We are required by law to assess every child their preventative health care as to the risk of		at the ti	me of
If your child is determined to be at high risk screens starting at 6 months until 6 years old	•	to obta	in lead
If determined to be at low risk, then your chyears old.	aild should be screened yearly	from 1	thru 4
We ask for your cooperation in meeting this the following questions:	s legal requirement and ask tha	ıt you a	nswer
Does your child live in or regularly visit an	old house built before 1960?	Yes	No
Does the house have peeling or chipping pa		Yes	No
Was your child's day care center/preschool			1,0
1960?		Yes	No
Does the house have peeling or chipping pa	int?	Yes_	
Does your child live in a house built before			
planned renovation or remodeling?		Yes_	_No
Have any of your children or their playmate	es had lead poisoning?	Yes_	No
Does your child frequently com in contact v			
lead? Examples include construction, weldi	ng, pottery.	Yes_	_No
Does your child live near a lead smelter, ba	ttery recycling plant or other		
industry likely to release lead?		Yes	_No
Do you give your child home or folk remed	ies that might contain lead?	Yes	_No
Does your child live near a heavily traveled	major highway where soil and	d	
dust may be contaminated with lead?		Yes_	_No
Does your home's plumbing have lead pipe	s or copper pipes with lead		
solder joints?		Yes	_No
If you answered Yes to any of the questions the answer may change your child's risk car		Risk. Ch	nanges in
"All elevated blood levels (equal to or great through a capillary sample must be confirm Medical Assistance Program, Physicians bu	ed by a venous sample." (emp		
Review By	Risk (circle one)	High	Low
TO TOW Dy	Risk (clicic olic)	mgn	LOW