MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

CHILD'S ADDRESS STREET ADDRESS (with Apartment Number)	CHILD'S NAM	IE	LAST		FIRST	MIDDLE		
SEX: Male Female BIRTHDATE	CHILD'S ADDI	RESS			TIKST			
PARENT OR GUARDIAN LAST FIRST MIDDLE BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO): Was this child born on or after January 1, 2015? Has this child ever lived in one of the areas listed on the back of this form? YES NO Does this child have any known risks for lead exposure (see questions on reverse of form and talk with your child's health care provider if you are unsure)? If all answers are NO, sign below and return this form to the child care provider or school. Parent or Guardian Name (Print): Signature: Date: If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D. BOX C – Documentation and Certification of Lead Test Results by Health Care Provider Test Date Type (V=venous, C=capillary) Result (mcg/dL) Comments Comments: Person completing form: Health Care Provider/Designee OR School Health Professional/Designee Provider Name: Signature: Phone: Date: BOX D – Bona Fide Religious Beliefs If am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to obload lead testing of my child. Parent or Guardian Name (Print): Signature: Date: Date: Parent or Guardian Name (Print): Signature: Date: Parent or Guardian Name (Print): Signature: Parent or Guardian Name (Print): Signature: Parent or Guardian Name (Print): Signature: Phone:		STR	EET ADDRESS (with Apartmen	nt Number)	CITY	STATE	ZIP	
BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO): Was this child born on or after January 1, 2015? Was this child ever lived in one of the areas listed on the back of this form? YES NO Does this child have any known risks for lead exposure (see questions on reverse of form and talk with your child's health care provider if you are unsure)? If all answers are NO, sign below and return this form to the child care provider or school. Parent or Guardian Name (Print): Signature: Date: If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D. BOX C – Documentation and Certification of Lead Test Results by Health Care Provider Test Date Type (V=venous, C=capillary) Result (mcg/dL) Comments Person completing form: Health Care Provider/Designee OR School Health Professional/Designee Provider Name: Phone: Date: Phone: Date: Date: Date: Parent or Guardian Name (Print): Signature: Date: Date: Parent or Guardian Name (Print): Signature: Date: Parent or Guardian Name (Print): Signature: Phone:	SEX: Male	Female	BIRTHDATE		PHONE			
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Has this child ever lived in one of the areas listed on the back of this form? Does this child have any known risks for lead exposure (see questions on reverse of form and talk with your child's health care provider if you are unsure)? If all answers are NO, sign below and return this form to the child care provider or school. Parent or Guardian Name (Print): Signature: Date: BOX C - Documentation and Certification of Lead Test Results in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D. BOX C - Documentation and Certification of Lead Test Results by Health Care Provider Test Date Type (V=venous, C=capillary) Result (mcg/dL) Comments Person completing form: Health Care Provider/Designee OR School Health Professional/Designee Provider Name: Date: Phone: BOX D - Bona Fide Religious Beliefs and the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to allow a leading of my child. Parent or Guardian Name (Print): Signature: Date: Date: Phone: Signature: Date: Phone: Pho	Was this shild be	orn on or ofter l		4		VEC	NO	
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Provider Name: Signature: Date: Phone:	******	******	***********	******	******	******	******	- :*
Date: Phone:	This part of BOX	D must be co	mpleted by child's health ca	are provider: Lead risk	poisoning risk asses	sment questionna	aire done: YES	N
	Provider Name: _			Signature:				
Office Address:	Date:			Phone:				
	Office Address:							_

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born **BEFORE January 1, 2015**)

Allegany ALL	Baltimore Co. (Continued) 21212	Carroll 21155	Frederick (Continued) 21776	<u>Kent</u> 21610	Prince George's (Continued) 20737	Queen Anne's (Continued) 21640
	21215	21757	21778	21620	20738	21644
Anne Arundel	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	<u>Cecil</u>	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		<u>Garrett</u>	Montgomery	20752	Somerset
21225	21229	Charles	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	Harford	20812	20782	St. Mary's
	21237	20662	21001	20815	20783	20606
Baltimore Co.	21239		21010	20816	20784	20626
21027	21244	Dorchester	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	Frederick	21082	20868	20790	
21085	21286	20842	21085	20877	20791	Talbot
21093		21701	21130	20901	20792	21612
21111	Baltimore City	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	<u>Calvert</u>	21718				21671
21204	20615	21719	Howard	Prince George's	Queen Anne's	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	Caroline	21758		20712	21620	Washington
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						<u>Wicomico</u> ALL
						Worcester ALL

Lead Risk Assessment Questionnaire Screening Questions:

- 1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
- Ever lived outside the United States or recently arrived from a foreign country?
- Sibling, housemate/playmate being followed or treated for lead poisoning?
- If born before 1/1/2015, lives in a 2004 "at risk" zip code?
- Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
- Contact with an adult whose job or hobby involves exposure to lead?
- Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
- Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

REVISED 4/2020 REPLACES ALL PREVIOUS VERSIONS