

IS YOUR CHILD AT RISK FOR LEAD POISONING?

Please answer the following:

1. Does your child live in or regularly visit an old house built before 1978?
Yes No
2. Was your child's day care center, preschool or babysitter's home built before 1978?
Yes No
3. Does your house have chipping or peeling paint?
Yes No
4. Does your child live in a house built before 1978 with recent, ongoing or planned renovation or remodeling?
Yes No
5. Have any of your children or their playmates had lead poisoning?
Yes No
6. Does your child frequently come in contact with an adult who works with lead?
Yes No
7. Does your child live near a lead smelter, battery recycling plant or other industry likely to release lead?
Yes No
8. Do you give your child any home or folk remedies likely to contain lead?
Yes No
9. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?
Yes No
10. Does your home plumbing have lead pipes or copper pipes with lead solder joints?
Yes No
11. Does your child live in a high risk zip code area? Yes No (Please circle, if YES)
41011 41014 41015 41016 41071 41073 47074 41085

Blood lead screening test: Recommended Not Recommended

Child's Name: _____ Age: _____ Date: _____