



## LEAD POISONING RISK ASSESSMENT

DATE					
Does your child live in or regularly visit (once a week or more) <b>any</b> house or building built before 1978?					
Does your child live in or regularly visit any house or building that has vinyl miniblinds, lead pipes, pipes with lead solder joints, or had metal pipes replaced or repaired within the last five years?					
Does your child have a mother, sibling or playmate who has or did have lead poisoning?					
Does your child frequently come into contact with an adult whose job or hobby involves exposure to lead? Some examples are employment in building renovation, an auto battery factory, auto or radiator repair shop, highway bridge sandblasting or painting, welding metal structures, wire cable cutting or hobbies such as refinishing furniture, casting bullets, making stained glass, toy soldiers, dive weights, or fishing weights?					
Does your child eat food that had been stored in metal cans, from leaded crystal, ceramic, or pewter dishes, or have contact with cosmetics, candies, spices, and home or folk remedies not made or sold in the United States? Have you ever seen your child eat dirt or paint chips?					
Does your child play in loose soil, near a busy road or near any industrial sites such as battery recycling plant, junk yard or lead smelter?					
Has your child lived in a foster care home or in a country other than the United States?					
<p><b>Place date at the top of the column. Indicate response by “Y” for yes, “N” for no, or “U” for unknown in the appropriate blocks. Sign name and title at the bottom of appropriate column.</b></p> <p><b>A yes or unknown response to any question indicates the child is at risk for lead poisoning. The child should receive blood lead testing and appropriate follow-up. See Risk Assessment, Screening and Follow-up of Children for Elevated Blood Lead Levels.</b></p>	Signature/Title	Signature/Title	Signature/Title	Signature/Title	Signature/Title

Name:  
ID No:  
Date of Birth: