

# Does your child need a lead test?

Child's Name:

Child's Date of Birth:

Today's Date:

(FOR OFFICE ONLY) – MRN #:

- |                                                                                                                                                                                                                                                                                                                                                                                 |     |    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| 1. Does your child live in or regularly visit a building built before 1978 with potential lead exposures, such as peeling or chipping paint, recent or ongoing renovation or remodeling, or high levels of lead in the drinking water?                                                                                                                                          | YES | NO | NOT SURE |
| 2. Has your child spent any time outside the United States in the past year?                                                                                                                                                                                                                                                                                                    | YES | NO | NOT SURE |
| 3. Does your child live or play with a child who has an elevated blood lead level?                                                                                                                                                                                                                                                                                              | YES | NO | NOT SURE |
| 4. Does your child have developmental disabilities, put nonfood items in their mouth, or peel or disturb painted surfaces?                                                                                                                                                                                                                                                      | YES | NO | NOT SURE |
| 5. Does your child have frequent contact with an adult who may bring home traces of lead from a job or hobby such as: house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, battery recycling, lead smelting, jewelry, stained glass or pottery making, fishing (weights, "sinkers"), firearms, or collecting lead or pewter figurines? | YES | NO | NOT SURE |
| 6. Does your family use traditional medicines, health remedies, cosmetics, powders, spices, or food from other countries?                                                                                                                                                                                                                                                       | YES | NO | NOT SURE |
| 7. Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries?                                                                                                                                                                                                                                                                             | YES | NO | NOT SURE |
| 8. Did your child miss a lead test? New York State requires all children be tested for lead at age 1 and again at age 2.                                                                                                                                                                                                                                                        | YES | NO | NOT SURE |

**If you answered "YES" or "NOT SURE" to any of these questions, your child may need a blood lead test.**

Lead is a concern, especially for children under age 6. It's important for you and your health care provider to know your child's blood lead level.

[www.health.ny.gov/LeadTestKids](http://www.health.ny.gov/LeadTestKids)



Department  
of Health