LEAD POISONING RISK ASSESSMENT

PLEASE ANSWER EACH QUESTION REGARDING ________________________________ (CHILD’S NAME)

1. Does your child live in or spend at least ten hours in any of the following built before 1950 with peeling or chipping paint:
   - a house     Yes  No  Not Sure
   - day care center     Yes  No  Not Sure
   - preschool or school     Yes  No  Not Sure
   - home of a babysitter or relative     Yes  No  Not Sure

2. Does your child live in or regularly visit a house built before 1950 with recent, ongoing, or planned renovation or remodeling?
   Yes  No  Not Sure

3. Does your child have one of the following who is being followed or treated for lead poisoning?
   - a brother or sister     Yes  No  Not Sure
   - housemate     Yes  No  Not Sure
   - or playmate     Yes  No  Not Sure

4. Does your child live with or come in some contact with an adult whose job or pastime involves exposure to lead such as:
   - construction     Yes  No  Not Sure
   - welding     Yes  No  Not Sure
   - pottery     Yes  No  Not Sure
   - ceramics     Yes  No  Not Sure
   - house painting     Yes  No  Not Sure
   - or other such trades?     Yes  No  Not Sure

5. Does your child live near an active:
   - lead smelter,     Yes  No  Not Sure
   - battery recycling plant,     Yes  No  Not Sure
   - or other industry likely to release lead?     Yes  No  Not Sure

6. Do you give your child any home remedies that may contain lead?
   Yes  No  Not Sure

7. Does your child live near a major road or highway where soil and dirt may be contaminated with lead?
   Yes  No  Not Sure

8. Does your home’s plumbing have lead pipes or copper pipes with lead solder joints?
   Yes  No  Not Sure

INITIAL SCREENING
PARENT/GUARDIAN

(PRINT NAME)   (SIGNATURE)     (DATE)

RESULT   SCREENER     DATE
_____________  _______________________________  __________