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
_____	_____	_____
_____	_____	_____