MARYLAND DEPARTMENT OF THE ENVIRONMENT
BLOOD LEAD TESTING REPORTING FORM

CHILD'S NAME: _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE: _____
MM/DD/YYYY

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Test Date (mm/dd/yyyy)	**Type of Test (V = venous, C = capillary)**	**Result (µg/dL)**	**Comments**

Health care provider or school health professional or designee only: To the best of my knowledge, the blood lead tests listed above were administered as indicated.

1. _____ _____
Name Title

_____ _____
Signature Date

2. _____ _____
Name Title

_____ _____
Signature Date

Clinic/Office Name, Address, Phone

Health care provider: Complete the section below to identify whether the child listed above may be at risk for lead exposure.

Lead Risk Assessment Questionnaire Screening Questions:

Yes ○ No ○ 1. Does the child live in or regularly visits a house/building built before 1978?
Yes ○ No ○ 2. Has the child ever lived outside the United States or recently arrived from a foreign country?
Yes ○ No ○ 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?
Yes ○ No ○ 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?
Yes ○ No ○ 5. Does the child have contact with an adult whose job or hobby involves exposure to lead?
Yes ○ No ○ 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?
Yes ○ No ○ 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

Please forward this form to:

MDCLR.MDE@Maryland.gov

HEALTH OFFICER SIGNATURE DATE