

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

CHILD'S NAME _____ / _____ / _____
 LAST FIRST MIDDLE
 CHILD'S ADDRESS _____ / _____ / _____
 ADDRESS CITY STATE ZIP
 SEX: MALE FEMALE BIRTHDATE _____ / _____ / _____
 COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN _____ / _____ / _____
 LAST FIRST MIDDLE PHONE
 ADDRESS _____ / _____ / _____
 CITY STATE ZIP

CERTIFICATION INFORMATION

The following applies to blood lead testing requirements and the duties of health care providers, parents/guardians, and the public schools:

1. The health care provider for a child who resides in an at-risk area, or has ever resided in an at-risk area as designated by the Maryland Targeting Plan for Childhood Lead Poisoning, shall administer a blood test for lead poisoning during the 12-month visit and again during the 24-month visit. At-risk areas by Zip Code are listed on the back of this form.
2. Beginning not later than September 2003, the parent or guardian of a child who currently resides, or has ever resided, in an at-risk area, shall provide to the designated administrator of the child's school or program, evidence that the child has had blood lead testing, on entry into a Maryland public pre-kindergarten program or Maryland public school system at the level of pre-kindergarten, kindergarten or first grade.
3. Evidence of blood testing for lead poisoning sent to or received by a program or school shall be documented on a form approved by the Department that includes the following: name of the child, address of the child, date of the blood test(s) for lead poisoning, and the signature of the child's health care provider or designee, or school health professional or designee that transcribed the information onto the approved form.
4. A list of children (including home contact information) whose parent/guardian does not comply with the requirement to provide evidence of blood lead testing, must be forwarded to the Local Health Department in the jurisdiction where the child resides.

RECORD OF BLOOD LEAD TESTING

Test #1. _____ Date Test # 2. _____ Date Comments: _____

Signature _____ / _____
 Health Care Provider or Designee OR School Health Professional or Designee Date

RECORD OF BLOOD LEAD TESTING EXEMPTION

I, _____ certify that my child does not **AND** has never resided in an at-risk area.
 Parent or Guardian (Print)

Signature _____ / _____
 Parent or Guardian Date

COMPLETE THE SECTION BELOW IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS. ANY LEAD TESTS THAT HAVE BEEN ADMINISTERED SHOULD BE ENTERED ABOVE. A LEAD RISK ASSESSMENT QUESTIONNAIRE MUST BE ADMINISTERED BY A HEALTH CARE PROVIDER IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS.

RELIGIOUS OBJECTION:

1. I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child. Signed _____ / _____
 Parent or Guardian Date
2. Lead Risk Assessment Questionnaire Administered: YES NO Signed _____ / _____
 Health Care Provider Date

HOW TO USE THIS FORM

The documented tests should be the tests at 12 months and 24 months of age. Two test dates are required if the 1st test was done prior to 24 months of age. If the 1st test is done after 24 months of age, one test date is required. The child's **primary health care provider** may record the test dates directly on this form (check marks are not acceptable) and certify them by signing or stamping the signature section. A **school health professional or designee** may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record. A list of children (including home contact information) whose parent/guardian does not comply with the requirement to provide evidence of blood lead testing, must be forwarded to the Local Health Department in the jurisdiction where the child resides.

Maryland Childhood Lead Poisoning Targeting Plan – At Risk Areas by Zip Code

<u>Allegany</u>	<u>Baltimore cont'd</u>	<u>Cecil</u>	<u>Garrett cont'd</u>	<u>P.G. cont'd</u>	<u>Talbot</u>
21501	21215	NONE	21538	20752	NONE
21502	21219		21539	20770	
21503	21220	<u>Charles</u>	21550	20781	<u>Washington</u>
21504	21221	20640	21561	20782	21711
21505	21222		21562	20783	21713
21521	21224	<u>Dorchester</u>		20785	21715
21524	21227	21613	<u>Harford</u>	20787	21720
21528	21228	21622	21001	20788	21721
21529	21229	21626	21010	20790	21722
21530	21234	21627	21034	20791	21733
21532	21237	21634	21040	20792	21734
21539	21239	21643	21078	20799	21740
21540	21244	21648	21085	20912	21741
21542	21250	21659	21130	20913	21742
21543	21251	21669		<u>Queen Anne's</u>	21746
21545	21282	21672	<u>Howard</u>	21607	21750
21555		21675	21227	21640	21758
21556	<u>Baltimore City</u>	21677		21644	21767
21557	ALL	21869	<u>Kent</u>	21668	21781
21560			21661	21670	21782
21562	<u>Calvert</u>	<u>Frederick</u>		<u>Somerset</u>	21783
	NONE	21701	<u>Montgomery</u>	21817	21795
<u>Anne Arundel</u>		21716		21821	
21060	<u>Caroline</u>	21727		21822	<u>Wicomico</u>
21061	21609	21758		21824	ALL
21225	21629	21762	<u>Prince George's</u>	21836	
21226	21632	21783	20703	21838	<u>Worcester</u>
21402	21636	21787	20710	21851	21811
<u>Baltimore</u>	21639		20712	21853	21813
21027	21640	<u>Garrett</u>	20722	21857	21822
21052	21641	21520	20731	21866	21829
21133	21649	21521	20737	21867	21841
21206	21655	21522	20738	21870	21842
21207	21660	21523	20740	21871	21843
21208	21670	21531	20741	21890	21851
21209		21532	20742		21862
21210	<u>Carroll</u>	21536	20743	<u>St. Mary's</u>	21863
21212	21787		20746	NONE	21864
					21872

Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate
Available in PDF format <http://www.fha.state.md.us/och/html/lead.html>