

Lead Hazard Reduction Demonstration (LHRD) Program Blood Testing Release

All children under six years of age are recommended to have their blood lead level tested prior to the lead hazard control work in your home by your primary health care provider or the local health department.

Please check the following which best describes your child (children) under the age of six (6) from the following options:

My child (children) under six years of age had their blood lead levels tested within the past three (3) months and I authorize the release of the blood test results to the LHRD Sub-recipient Program Manager.

Name of test provider _____

Test date ____/____/____ (child #1)

Test date ____/____/____ (child #2)

Test date ____/____/____ (child #3)

My child (children) under the age of six (6) has not been tested for an elevated blood lead level within the past three (3) months and I agree to have them tested by my primary care physician, local health department, or another provider and to submit the results to the LHRD Sub-recipient program manager.

I elect not to have my child (children) tested for an elevated blood lead level.

I voluntarily disclose this information and understand consent for blood lead level testing is not required for participation in the Lead Hazard Reduction Demonstration grant program.

Printed Name of Parent or Legal Guardian Signature Date ____/____/____

LHRD Sub-recipient Program Manager Signature Date ____/____/____

