Is Your Child at Risk for Lead Poisoning?

Parent or Guardian: Complete a form for each child. Please answer the questions below.				
Child's Name: Age: ZIP code:				
If you answered "yes" to the first question below or "yes" or "don't know" to the second question, your child is required to have a blood lead test.				
Is	your child receiving services from any publicly funded programs such as Medi-Cal or WIC?		Yes	No
	pes your child live in a home or spend a lot of time in a place that was built before 1978 that as peeling or chipped paint or has been remodeled?	Don't Know	Yes	No
If y	ou answered "no" to the questions above, please complete the remaining questions.			
1.	Does your child live with someone who works with lead? (Construction worker; painter; mechanic; electrician; makes ceramics, stained glass or jewelry.)	Yes	No
2.	Does your child know or spend time with someone who has lead poisoning like family or friends?		Yes	No
3.	Does your child live near a smelter, major roadway, highway, or small aircraft airport?		Yes	No
4.	 Does your child live with someone who likes to hunt, shoot guns, fish or melt lead fishing weights or bullets? 			No
5.	Does your child eat non-food items, chew on painted surfaces like windowsills, or frequently put non-food items in their mouth such as dirt, paint chips, jewelry, keys or other items?		Yes	No
6.			Yes	No
	Middle East Surma/Kohl/Alkohl, Espend, Ghutti, Zarcoba, Zagafel, Khakshir India Surma, Sindoor, Ghasard, Bala Goli, Kandu			
	Asia Pay-loo-ah Latin America Azarcon, Alarcon, Greta, Albayalde, Lisa Maria, Luisa Coral, Rueda Other: Other:			
7.	Does your child eat food on, or that is stored or cooked in, dishes or pots that are worn or antique, from a discount store or flea market, made of crystal, handmade, or made outside the USA?		Yes	No
8.	Does your child eat candies or chapulines imported from Mexico or Asia; Kurut yogurt imported from Afghanistan; or eat spices like turmeric brought from another country by family or friends		Yes	No
9.	Has your child lived in or spent time in another country? Where/When:		Yes	No
If y	rent or Guardian: ou answered "Yes" to any of the questions, your child may be at risk for lead poisoning and may d test. Take this questionnaire to your child's next health exam and talk to your doctor about a l			
Hea Thi Chi	alth Care Provider: s child may need a blood lead test based on the risk factors identified above. Contact the Sacrar ldhood Lead Poisoning Prevention Program at (916) 875-7151 for assistance with the Standard of idelines on Childhood Lead Poisoning/Potential Sources of Lead for California Health Care Provide	mento (of Care		
Interviewer Name/Agency: Date:				

