

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

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
	Select a test type.		
	Select a test type.		
	Select a test type.		

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. (Line 2 is for certification of blood lead tests after the initial signature.)

1.	<div style="display: flex; justify-content: space-between;"> Name Title </div>	<div style="border-bottom: 1px solid black; padding: 5px;">Clinic/Office Name, Address, Phone</div> <div style="height: 100px;"></div>
	<div style="display: flex; justify-content: space-between;"> Signature Date </div>	
2.	<div style="display: flex; justify-content: space-between;"> Name Title </div>	
	<div style="display: flex; justify-content: space-between;"> Signature Date </div>	

Health care provider: Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

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?

Provider: If any responses are YES, I have counseled the parent/guardian on the risks of lead exposure. _____
Provider Initial

Parent/Guardian: 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 and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

Parent/Guardian Signature
Date