IS YOUR CHILD AT RISK FOR LEAD POISONING?

Please answer the following:

1. Does your child live in or regularly visit an old house built before 1978?  
   Yes  No

2. Was your child’s day care center, preschool or babysitter’s home built before 1978?  
   Yes  No

3. Does your house have chipping or peeling paint?  
   Yes  No

4. Does your child live in a house built before 1978 with recent, ongoing or planned renovation or remodeling?  
   Yes  No

5. Have any of your children or their playmates had lead poisoning?  
   Yes  No

6. Does your child frequently come in contact with an adult who works with lead?  
   Yes  No

7. Does your child live near a lead smelter, battery recycling plant or other industry likely to release lead?  
   Yes  No

8. Do you give your child any home or folk remedies likely to contain lead?  
   Yes  No

9. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?  
   Yes  No

10. Does your home plumbing have lead pipes or copper pipes with lead solder joints?  
    Yes  No

11. Does your child live in a high risk zip code area?  Yes  No  (Please circle, if YES)  
    41011  41014  41015  41016  41071  41073  47074  41085

Blood lead screening test:  Recommended  Not Recommended

Child’s Name:___________________________Age:__________Date:________________