The EPSDT program of the centers for Medicare and Medicaid Services (CMS) requires a blood lead screening to be performed on all Medicaid eligible children and children enrolled in Head Start / Early Head Start Programs.

Instructions: **Staff review questions with parent/guardian and place a √√√√√ in the appropriate box.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If YES to #1 or #2</th>
<th>If NO - Testing is required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was your child tested for elevated blood lead levels at age 12 and/or 24 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has your child been tested for elevated blood lead levels?</td>
<td></td>
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</tr>
</tbody>
</table>

If yes to either #1 or #2 - Documentation from health care provider will be requested for your child’s file.

If No to either - Your child is required to be tested for elevated blood lead levels at this time.

**Childhood lead poisoning prevention**

**What is lead poisoning?**
Lead poisoning is a disease caused by swallowing or breathing in lead.

**Lead’s effects on the Body**
Lead is a poisonous metal that our bodies cannot use.
Lead poisoning can cause learning, hearing, and behavioral problems, and can harm your child’s brain, kidneys, and other organs.
Lead in the body stops good minerals such as iron and calcium from working right. Some of these effects may be permanent.

**How does it get into my child's body?**
Younger children are at a greater risk because:
Small children put everything in their mouths.
Their bodies absorb lead more easily than adult bodies do.

**Lead Awareness and Your Child**
Children with lead poisoning usually do not look or act sick.
The only way to know if your child has lead poisoning is by getting a blood test.
Ask your doctor or health care provider to test your child.

**Why should I have my child tested?**
Because it’s very common- Millions of American children are affected by lead poisoning every year.
You can prevent your child from suffering damage from lead poisoning with a simple test from your physician.

**How can I get my child tested for lead poisoning?**
A simple finger prick is all it takes to find out if there is too much lead in your child’s blood. Ask your doctor or health care provider to test your child.

**Main Sources of Lead**
*Lead-based paint* is a hazard if it is peeling, chipping, chalkling, or cracking. Even lead-based paint that appears to be undisturbed can be a problem if it is on surfaces that children chew or that get a lot of wear and tear. The older your home is, the more likely it contains lead-based paint.
*Contaminated dust* forms when lead paint is dry scraped or sanded. Dust can also become contaminated when painted surfaces bump or rub together. Lead chips and dust can gather on surfaces and objects that people touch or that children put into their mouths.
*Contaminated soil* occurs when exterior lead-based paint from houses, buildings, or other structures flakes or peels and gets into the soil. Soil near roadways may also be contaminated from past use of leaded gasoline in cars. Avoid these areas when planting vegetable gardens.

**Other Sources of Lead**
Contaminated drinking water from older plumbing fixtures
Lead-based painted toys and household furniture
Imported lead-glazed pottery and leaded crystal
Lead smelters
Hobbies
Folk remedies like azarcon and pay-loo-ah
Cosmetics like kohl and kajal
This questionnaire is a training tool to help parents identify if their child is at risk for lead poisoning. A blood test is the only way to diagnose lead poisoning.

**Instructions:**  **Staff review questionnaire with parent/guardian and place a √ in the appropriate box.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Do you have reason to believe that your child may have lead poisoning?</td>
<td></td>
<td></td>
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<tr>
<td>Reason for concern:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does your child live in or regularly visit a building built before 1978? (this could include a day care center or home of a babysitter or relative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does your child live in or frequently visit a building built before 1978:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. with peeling or chipping paint?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. with recent or ongoing remodeling or repainting?</td>
<td></td>
<td></td>
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<tr>
<td>c. with lead water pipes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does your child have a brother, sister, other relative or playmate, with whom your child shares surroundings, who has lead poisoning?</td>
<td></td>
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<tr>
<td>7. Has your child moved from a foreign country or from a major metropolitan area within the last 12 months?</td>
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<tr>
<td>8. Does your child spend time with an adult who has a job or hobby where s/he may work with lead (such as painting, remodeling, auto repair, soldering, making sinkers, bullets, stained glass or pottery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Has your child ever used any traditional, imported, or home remedies or cosmetics such as Azarcon, Alarcon, Greta, Rueda, Pay-loo-ah, or Kohl?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does your child have any of the following conditions sometimes associated with lead poisoning: iron deficiency anemia, behavior problem, learning problem, developmental delay?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Does your child chew on things such as dirt, chalk, crayons, woodwork or other non-food items?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does your child eat food cooked in or drink liquids stored in pottery, ceramics, lead crystal or pewter containers made in foreign countries?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Any yes answers indicate a high risk for lead poisoning**

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**Instructions:**  **Parent/ Guardian check and place a √ in the appropriate box.**

**Referral**

- Please refer my child to his/ her primary physician to be tested.

**Refusal**

- I refuse a blood test for lead poisoning. I have been given the information about the risks of lead poisoning and how it could affect my child.

**Release of Information**

- My child has already been tested, please send for the information from Medical provider( please list):

**Parent/Guardian signature/ Date**

**Home visitor signature/ Date**

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Copy to Child’s File  Page 2 of 2  H-Lead-PoisoningHV-English