

Name:

Birthdate:

Age:

Today's Date:

CHILD LEAD RISK QUESTIONS

Did the child have an elevated blood lead level in the past? Yes No



Does the child have a sibling or playmate with lead poisoning? Yes No

Does the child live in or regularly visit a place built before 1978? Yes No



Is it being or was it recently remodeled or renovated? Yes No

Does anyone who spends time with the child have a job or hobby in:

- Automotive repair / car batteries Yes No
- Making ceramics or pottery using lead glaze Yes No
- Fishing sinkers / fishing activities / boat repair Yes No
- Painting / electrical / plumbing / soldering / welding Yes No
- Remodeling / renovation / building demolition Yes No



Does the child often eat, chew, or mouth dirt, paint chips, or other things that are not food? Yes No

Does the family cook or serve food using ceramic dishes or pottery that may have a lead glaze (such as Chinese or Mexican pottery)? Yes No



Does the family have a catchment water system? Yes No

