

Johnson County Health Department Lead Screening

1. Does your child live in or regularly visit a house or childcare center built before 1978?
 Yes No
2. Does your child have a brother, sister or playmate who has been lead poisoned?
 Yes No
3. Does your child frequently come in contact with a person who works in an industry using lead such as a battery factory, smelter, or radiator shop?
 Yes No
4. Does your child frequently come in contact with a person who has a hobby that uses lead such as stained glass, fishing or reloading ammunition?
 Yes No
5. Is your child a recent immigrant or refugee from a country where the use of lead in consumer products is not restricted (Mexico, Central America, Africa, or Southeast Asia)?
 Yes No
6. Is your child a member of a minority group?
 Yes No
7. Is your child enrolled in Hoosier Healthwise (Medicaid)?
 Yes No
8. Is your child ever treated with traditional remedies that may contain lead such as arzacon or greta?
 Yes No
9. Is your child ever exposed to traditional cosmetics that may contain lead such as kohl or thanaka?
 Yes No

Parent Signature _____ Date _____

For Health Department Use Only

Name _____ DOB _____

Testing Needed? Y N Date Tested _____ Results _____

Case Management? Y N Nurse _____