

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE**

CHILD'S NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 LAST FIRST MIDDLE  
 CHILD'S ADDRESS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ADDRESS CITY STATE ZIP  
 SEX:  MALE  FEMALE BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 LAST FIRST MIDDLE PHONE  
 ADDRESS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 CITY STATE ZIP

**CERTIFICATION INFORMATION**

The following applies to blood lead testing requirements and the duties of health care providers, parents/guardians, and the public schools:

1. The health care provider for a child who resides in an at-risk area, or has ever resided in an at-risk area as designated by the Maryland Targeting Plan for Childhood Lead Poisoning, shall administer a blood test for lead poisoning during the 12-month visit and again during the 24-month visit. At-risk areas by Zip Code are listed on the back of this form.
2. Beginning not later than September 2003, the parent or guardian of a child who currently resides, or has ever resided, in an at-risk area, shall provide to the designated administrator of the child's school or program, evidence that the child has had blood lead testing, on entry into a Maryland public pre-kindergarten program or Maryland public school system at the level of pre-kindergarten, kindergarten or first grade.
3. Evidence of blood testing for lead poisoning sent to or received by a program or school shall be documented on a form approved by the Department that includes the following: name of the child, address of the child, date of the blood test(s) for lead poisoning, and the signature of the child's health care provider or designee, or school health professional or designee that transcribed the information onto the approved form.
4. A list of children (including home contact information) whose parent/guardian does not comply with the requirement to provide evidence of blood lead testing, must be forwarded to the Local Health Department in the jurisdiction where the child resides.

**RECORD OF BLOOD LEAD TESTING**

Test #1. \_\_\_\_\_ Test # 2. \_\_\_\_\_ Comments: \_\_\_\_\_  
 Date Date

Signature \_\_\_\_\_ / \_\_\_\_\_  
 Health Care Provider or Designee OR School Health Professional or Designee Date

**RECORD OF BLOOD LEAD TESTING EXEMPTION**

I, \_\_\_\_\_ certify that my child does not **AND** has never resided in an at-risk area.  
 Parent or Guardian (Print)

Signature \_\_\_\_\_ / \_\_\_\_\_  
 Parent or Guardian Date

**COMPLETE THE SECTION BELOW IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS. ANY LEAD TESTS THAT HAVE BEEN ADMINISTERED SHOULD BE ENTERED ABOVE. A LEAD RISK ASSESSMENT QUESTIONNAIRE MUST BE ADMINISTERED BY A HEALTH CARE PROVIDER IF THE CHILD IS EXEMPT FROM LEAD TESTING ON RELIGIOUS GROUNDS.**

**RELIGIOUS OBJECTION:**

1. 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. Signed \_\_\_\_\_ / \_\_\_\_\_  
 Parent or Guardian Date
2. Lead Risk Assessment Questionnaire Administered: YES  NO  Signed \_\_\_\_\_ / \_\_\_\_\_  
 Health Care Provider Date

**HOW TO USE THIS FORM**

The documented tests should be the tests at 12 months and 24 months of age. Two test dates are required if the 1<sup>st</sup> test was done prior to 24 months of age. If the 1<sup>st</sup> test is done after 24 months of age, one test date is required. The child's **primary health care provider** may record the test dates directly on this form (check marks are not acceptable) and certify them by signing or stamping the signature section. A **school health professional or designee** may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record. A list of children (including home contact information) whose parent/guardian does not comply with the requirement to provide evidence of blood lead testing, must be forwarded to the Local Health Department in the jurisdiction where the child resides.

**Maryland Childhood Lead Poisoning Targeting Plan**  
**At Risk Areas by Zip Code**

<b><u>Allegany</u></b>	<b><u>Baltimore Co. (Cont.)</u></b>	<b><u>Frederick . (Cont)</u></b>	<b><u>Montgomery (Cont)</u></b>	<b><u>Queen Anne's</u></b>
ALL	21239	21757	20812	21607
	21244	21758	20815	21617
<b><u>Anne Arundel</u></b>	21250	21762	20816	21620
20711	21251	21769	20818	21623
20714	21282	21776	20838	21628
20764	21286	21778	20842	21640
20779	<b><u>Baltimore City</u></b>	21780	20868	21644
21060	ALL	21783	20877	21649
21061		21787	20901	21651
21225	<b><u>Calvert</u></b>	21791	20910	21657
21226	20615	21798	20912	21668
21402	20714		20913	21670
		<b><u>Garrett</u></b>		
<b><u>Baltimore Co.</u></b>	<b><u>Caroline</u></b>	ALL		<b><u>Somerset</u></b>
21027	ALL		<b><u>Prince George's</u></b>	ALL
21052		<b><u>Harford</u></b>	20703	
21071	<b><u>Carroll</u></b>	21001	20710	<b><u>St. Mary's</u></b>
21082	21155	21010	20712	20606
21085	21757	21034	20722	20626
21093	21776	21040	20731	20628
21111	21787	21078	20737	20674
21133	21791	21082	20738	20687
21155		21085	20740	
21161	<b><u>Cecil</u></b>	21130	20741	
21204	21913	21111	20742	<b><u>Talbot</u></b>
21206		21160	20743	21612
21207	<b><u>Charles</u></b>	21161	20746	21654
21208	20640		20748	21657
21209	20658	<b><u>Howard</u></b>	20752	21665
21210	20662	20763	20770	21671
21212			20781	21673
21215	<b><u>Dorchester</u></b>	<b><u>Kent</u></b>	20782	21676
21219	ALL	21610	20783	
21220		21620	20784	
21221	<b><u>Frederick</u></b>	21645	20785	
21222	20842	21650	20787	<b><u>Washington</u></b>
21224	21701	21651	20788	ALL
21227	21703	21661	20790	
21228	21704	21667	20791	<b><u>Wicomico</u></b>
21229	21716		20792	ALL
21234	21718	<b><u>Montgomery</u></b>	20799	
21236	21719	20783	20912	<b><u>Worcester</u></b>
21237	21727	20787	20913	ALL