

Genesee County Lead Screening Questionnaire

Child Name: _____ Family Name: _____

Child Age: _____ Date: _____

This **Lead Screening Questionnaire** should be used for children at the following intervals:

- 12 months **and**
- 24 months **or**
- 36 – 72 months if never previously screened.

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|--|-----|--------------------------|----|--------------------------|
| 1) Do you live in zip code 48502, 48503, 48504, 48505, 48506, 48507, 48436, 48458, or 48529? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2) Do you qualify for Medicaid/Healthy Kids? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3) Do you live in or visit a deteriorating house built before 1960? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4) Do you live in or frequently visit a house built before 1960 that is undergoing renovation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5) Do the children live with an adult whose job or hobby involves exposure to lead? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |



If the answers to any question above are "yes" or unknown, a venous blood lead test is recommended. Talk with your health care provider about this.

If you have questions or would like more information, call the Genesee County Health Department Lead Poisoning Prevention Program at (810) 237-3193.

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