MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

If you are enrolling a child in child care, pre-kindergarten, kindergarten or first grade , you must complete and submit this form (COMAR 10.11.04.05, 13A.17.03.02.D). PLEASE PRINT CLEARLY.						
CHILD'S NAME_	,	/				
LAST	FIRST	MIDDLE				
CHILD'S ADDRESS ADDRESS	CITY	STATE	ZIP			
SEX: □MALE □FEMALE BIRTHDATE		=				
PARENT// GUARDIAN /	/	//	OR			
ADDRESS	CITY	STATE	ZIP			
CERTIFICATION INFORMATION Complete Box A if the child has had blood lead testing, Box B if testing was not required (see conditions in Box B), OR Box C if testing declined on religious grounds.						
BOX A	BOX B					
Check at least one: ☐This child was born on or after January 1, 2015 AND lives in Maryland.	BLOOD LEAD TESTING NOT REQUIRED ☐ This child does not and has never lived in an at-risk area (see ZIP codes on facing page) AND was born before					
☐ This child was born before January 1, 2015 AND is enrolled in Medicaid EPSDT.	January 1, 2015. Parent or Guardian Name (Print)					
☐This child was born before January 1, 2015 AND has lived in an "at risk" ZIP code (see list on reverse).						
☐This child was born before January 1, 2015 AND has at least one risk factor for lead exposure, as determined by the health care provider.	Parent or Guardian Date:					
RECORD OF BLOOD LEAD TEST RESULTS		BOX C				
Test #1 Date: Test # 2 Date: Comments:	Complete the section below if the child is exempt from lead testing on religious grounds. A lead risk assessment questionnaire must be administered by a health care provider if the child is exempt from lead testing on religious grounds:					
Person completing form: □Health Care Provider/Designee OR □School Health Professional/Designee	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. To be completed by Parent or Guardian: Parent or Guardian Name (Print)					
Printed Name:						
Signature:	Signature Parent or Guardian Date:					
Date: Office Address	To be completed by a Hea Lead risk poisoning risk a		done: □ YES □ NO			
Office Address_	Printed Name:	-				
Phone:	Signature:					
	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 1st test was done prior to 24 months of age. If the 1st 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 (for children born BEFORE January 1, 2015)

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