MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

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SEX:	MALE 🗆	FEMALE □	BIRTHDATE:		MM/DD/YYYY		
PARE	NT/GUARDI	AN NAME:				PHONE NO.:	
ADDR	DDRESS:			CITY:		ZIP:	
Test Date (mm/dd/yyyy)		Type of Test (V = venous, C = capillary)	Result (μg/dL) Comme		ıments	CHENTRALE META PROPERTY CONTRACTOR CONTRACTO	Marka hala da
		er or school health profession dministered as indicated. (Line in the control of	2 is for certi		on of blood		nitial signature.)
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2.	Sign	ature Da	ite				
-·	Nam	ne Ti	Title				
_	Sign	ature Da	Date				
due to	the parent/gu	er: Complete the section below ardian's stated bona fide religion	ous beliefs a	-	_	an refuses to consent	to blood lead testing
_	 isk Assessment Questionnaire Screening Questions: No 1. Does the child live in or regularly visits a house/building built before 1978? No 2. Has the child ever lived outside the United States or recently arrived from a foreign country? No 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning? 						
YesO YesO YesO YesO	No 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica) 5. Does the child have contact with an adult whose job or hobby involves exposure to lead? No 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods? No 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?						
Provid		sponses are YES, I have counse	eled the pare	ent/gua	rdian on t	he risks of lead expos	
Parent	practices, I	I am the parent/guardian of the object to any blood lead testing discussed with my child's heal	of my child	d and ı			
		Parent/Guardian Sig	nature				Date

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How To Use This Form

→ A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. 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.

Frequently Asked Questions

1. Who should be tested for lead?

All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

2. What is the blood lead reference value, and how is it interpreted?

Maryland follows the <u>CDC blood lead reference value</u>, which is 3.5 micrograms per deciliter ($\mu g/dL$). However, there is no safe level of lead in children.

3. If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?

Yes, if a capillary test shows a blood lead level of $\geq 3.5 \,\mu g/dL$, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See <u>Table 1</u> (CDC) for the recommended schedule.

4. What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?

Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm).

5. What programs or resources are available to families with a child with lead exposure?

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids no-cost program to remove lead from homes

For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: https://health.maryland.gov/phpa/OEHFP/EH/Pages/Lead.aspx.

Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention: https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx

Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: https://www1.villanova.edu/university/nursing/macche.html

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