

**CHILDHOOD LEAD POISONING CONTROL PROGRAM**  
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**CONSENT FORM**

Child to be Tested (Please Print):

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Race (✓ all that apply): \_\_\_\_\_ Gender (circle) Male Female  
White Black Asian American Indian Hispanic Other

Physician's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Parent / Legal Guardian's Name (Please Print): \_\_\_\_\_

I, the undersigned, hereby give permission for my child to participate in the Childhood Lead Poisoning Control Program of Illinois Department of Public Health, including the collection of specimens for tests. I understand the following procedures will ordinarily be done in this program:

1. Medical and limited other information concerning the named child and certain members of the family will be recorded.
2. Specimens of blood will be obtained by the fingerstick method from the named child for laboratory determinations. I have been informed that I may choose to contact my child's physician and have this test performed by venous sample at my doctor's office or lab. I have decided to utilize the fingerstick method.
3. I understand that the fingerstick screening method of lead testing is simply a screening guide and if the results are 10 mcg/dL or greater a follow-up venous specimen will be required from a doctor's office or lab at an additional cost.
4. If a child is found to have undue lead absorption (too much lead), necessary follow-up tests will be performed.
5. If a child is found to have undue lead absorption (too much lead), an investigation for lead hazards will be conducted where the child resides and/or frequently visits.

I further understand that these procedures are to be performed by a representative of the Illinois Department of Public Health and permission is given to release or obtain necessary medical information to or from proper persons and/or agencies. All other information concerning the child named below and his/her family is to be kept in strict confidence.

Is the child a Medical Card recipient? (✓) \_\_\_\_\_ WIC eligible? (✓) \_\_\_\_\_  
Yes No Yes No

\_\_\_\_\_  
Signature of PARENT or LEGAL GUARDIAN Home / Cell Phone # Work Phone #

\_\_\_\_\_  
Street Address City State Zip Date

\_\_\_\_\_  
Nurse Signature Assessment Only YES NO

If WIC Client—WIC ID Number Here: \_\_\_\_\_

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
CHILDHOOD LEAD RISK ASSESSMENT QUESTIONNAIRE**

ALL CHILDREN 6 MONTHS THROUGH 6 YEARS MUST BE ASSESSED FOR LEAD POISONING.  
(410 ILCS 45/6.2)

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Zip Code \_\_\_\_\_

Respond to the following questions by circling the appropriate answer.

**RESPONSE**

- |  |     |    |            |
|--|-----|----|------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, KidCare, All Kids, or WIC?  | Yes | No | Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?  | Yes | No | Don't Know |
| 3. Does this child live in or regularly visit a home that was built before 1978?   | Yes | No | Don't Know |
| 4. In the past one year, has this child been exposed to repairs, repainting, or renovation of a home built before 1978?  | Yes | No | Don't Know |
| 5. Is this child a refugee or an adoptee from a foreign country?   | Yes | No | Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e. China or India), or any country where exposure to lead from certain items could have occurred (for example: cosmetics, home remedies, folk medicines, or glazed pottery)?   | Yes | No | Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example: jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets, or lead fishing sinkers)? | Yes | No | Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example: a lead smelter or a paint factory)?   | Yes | No | Don't Know |

**Nurse to complete:**

- |   |     |    |            |
|---|-----|----|------------|
| 9. Does this child reside in a high-risk ZIP code area? | Yes | No | Don't Know |
|---|-----|----|------------|

**A blood test should be performed on children:**

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" and "Don't Know" response; **and**

- there has been no change in the child's living conditions; **and**
- the child has proof of two consecutive blood test results (documented below) that are each less than 10 mcg/dl (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result \_\_\_\_mcg/dL Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Test 2: Blood Lead Result \_\_\_\_mcg/dL Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If responses to all questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

\_\_\_\_\_  
SIGNATURE OF DOCTOR/NURSE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

Illinois Department of Public Health  
(800) 545-2200 or (217) 782-0403  
TTY (hearing impaired use only) (800) 547-0466

## BLOOD LEAD SCREENING

\_\_\_\_\_ had a blood lead screening / lead risk assessment on  
(Child's Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. The result will be recorded with the child's immunization record  
(Date)

which is on file at Logan County Health Department.

\_\_\_\_\_  
(SIGNATURE OF REGISTERED NURSE)

## CHILDHOOD LEAD POISONING

1. **What is lead?**  
Lead is a naturally-occurring metal that is unsafe at any level in our bodies.
2. **What is lead poisoning?**  
Lead poisoning is the presence of too much lead in the body.
3. **What are the symptoms of lead poisoning?**  
Children with lead poisoning usually have no obvious signs or abnormal symptoms.
4. **How does lead poisoning affect children?**  
Lead decreases children's ability to learn and may lead to behavioral problems.
5. **Who gets lead poisoning?**  
People of any age, race, or economic level, but children are at the greatest risk because of oral behaviors and hand contamination.
6. **What are some sources of present lead exposure?**
  - Dust and paint chips from deteriorating lead-based paint in homes built before 1978
  - Soil contaminated with lead
  - Imported glazed pottery or other products made outside of the United States that contain lead
  - Food, medicines, or folk remedies from foreign countries that contain lead
  - Family members who have occupations or hobbies involving lead
  - Drinking water from plumbing containing lead
7. **How can I tell if my child has lead poisoning?**  
The only way to diagnose lead poisoning is with a blood test. The blood sample is sent to a Laboratory to find out how much lead it contains.
8. **When should I have my child assessed or tested?**
  - A child should be **assessed** for lead exposure at every well child visit between 6 months and 6 years.
  - Blood lead **tests** are recommended at 12 and 24 months of age.
  - When a high risk of lead exposure exists.
  - All children eligible for or enrolled in Medicaid, Head Start, All Kids, or WIC are required to have blood lead testing.

**To assess your child's possible exposure to lead, please answer the questions on the previous page and discuss any questions or concerns regarding lead poisoning with your child's health care provider.**