

**HOWARD COUNTY PUBLIC SCHOOL SYSTEM
SCHOOL HEALTH SERVICES 410-313-6812**

Dear Parents/Guardians:

Date:

Childhood lead poisoning is a preventable environmental disease. Children exposed to lead can develop physical and behavioral problems as well as learning disabilities.

In 2000, the legislature enacted a law which targets areas in the state that are considered at-risk for childhood lead poisoning according to a plan devised by the Maryland Department of Health and Mental Hygiene. The targeted areas are listed by ZIP Code on the back of this letter.

To comply with this new law, parents/guardians must complete the Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate DHMH #4620 as follows:

- Sign the form to certify that your child **does not live, nor has ever lived**, in the ZIP Codes identified on the back of this letter and certificate.

OR,

- Provide the dates of blood lead tests **if** your child **currently lives** or **has lived** in any of the targeted ZIP Codes, identified on the back of this letter and certificate. A note from your child's doctor that states a screening was done but does not include test dates is not acceptable.

Please complete the attached Lead Testing Certificate and return it to your school Health Room within 20 days of the date of this letter.

If your child has never had a blood lead test and needs one, please contact your child's doctor. If your child does not have a doctor, contact your school health assistant or school nurse for information. If you have any questions, please contact your school health assistant or school nurse or the Office of Health Services at 410-313-6812.

Thank you for your cooperation in complying with this new State law.

Office of Health Services

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 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

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