

Date: _	Patient Name:	DOB:
	Lead Screen	ing Questionnaire
As per		be obtained in children at ages 1 and 2 if they meet ANY one teria noted below:
		ting a house or day care center built before 1950? ES / NO
2. Is yo	(within the last 6 months)	se built before 1978 with peeling or chipping paint or recent), ongoing or planned renovation? ES / NO
3.		g a sibling, housemate or playmate with lead poisoning? ES / NO
		whose job or hobby involves exposure to lead? ES / NO
		grant, or child adopted from outside of the U.S.? ES / NO