

LEAD RISK ASSESSMENT

Child's Name _____

Parents, your answers will help us find out your child's risk for lead exposure.

1. Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipping paint or that has been recently remodeled? **Yes** **No**
2. Does your child eat candies that were made in another country? (Such as Bolorindo, Chaca Chaca, Pelon Pelo Rico, Lucas Acidito, Tama Roca, Limon 7, or others) **Yes** **No**
3. Do you use imported, old, or homemade dishes or containers to serve, prepare or store food or drinks such as bean pots, clay pots, lead-soldered pots or cans, ceramic ware? **Yes** **No**
4. Does your family use items from foreign countries, such as crayons, cockroach chalk, dried fruit/herbs, teas, candles, dried grasshoppers or other items? **Yes** **No**
5. Do you or anyone else who lives with or cares for your child use home remedies such as Greta, Azarcon, Pay-loo-ah, or cosmetics such as Kohl or Surma? **Yes** **No**
6. Does your child have a parent, brother, sister, housemate or a playmate who is being followed for lead poisoning or has an elevated blood lead level? **Yes** **No**

The questions inside this square indicate an immediate referral.

7. Does your child live with or visit someone who may use lead in his/her work or hobbies? (For example, painting, soldering, automobile battery manufacturing or recycling, vehicle radiator repair, auto painting, demolition or stained glass work?) **Yes** **No**
8. Does your child eat dirt, clay, or other non food items, chew on windowsills or pick at chipped paint? **Yes** **No**

Resources Provide on: _____

9. Has your child lived in the United States for less than one year? **Yes** **No**
10. Does your child visit other countries frequently? **Yes** **No**
11. Does your child live near an active lead smelter or battery recycling plant or other industry that could release lead into the environment? **Yes** **No**
12. Does your child live or play next to a freeway, such as at a babysitter's house? **Yes** **No**

Note:

2 or more "Yes" answers indicate an immediate referral, as well as any questions in the above box.

Parent Signature _____

Staff
Signature _____

Date _____

Date _____

2nd year Parent's initial _____

Date _____