

## ELEVATED BLOOD LEAD ENVIRONMENTAL SURVEILLANCE FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Sex: F  M  Race: Wh  Bl  Hs  As  Ot

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address where patient lives: \_\_\_\_\_

Directions to patient's home: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Please document previous address and where child spends time regularly for past year on back of this form)**

Medicaid #:

Social Security #:    -    -

**TEST RESULTS: Mandatory**

| Date Collected        | Circle Specimen Type | Results     |
|-----------------------|----------------------|-------------|
| Annual ____/____/____ | V / C                | _____ µg/dl |
| Repeat ____/____/____ | V / C                | _____ µg/dl |
| Repeat ____/____/____ | V / C                | _____ µg/dl |

**ACTION:**

\_\_\_\_ Educational material provided

\_\_\_\_ Referral to WIC (Nutritional)

\_\_\_\_ Referral to Social Services

\_\_\_\_ Medical follow-up appt. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider: \_\_\_\_\_

Telephone # of Provider: (\_\_\_\_) \_\_\_\_\_

Date Today: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

1. Does the child live in a house built prior to 1978?
2. How long has the child lived in the house? \_\_\_\_\_
3. Does the house have any peeling, chipping or flaking paint? \_\_\_\_yes \_\_\_\_no \_\_\_\_DK
4. Does your child chew on, or mouth painted surfaces (Window sills, door frames, old furniture, toys, mini blinds) or paint chips? \_\_\_\_Yes \_\_\_\_No \_\_\_\_DK
5. Does the child or family use imported or ethnic medicines, food, or candies? \_\_\_\_Yes \_\_\_\_No \_\_\_\_DK
6. What is the source of water for this house within the last year? \_\_\_\_Public \_\_\_\_Private well \_\_\_\_Other \_\_\_\_DK
7. In the last year has anyone in the house?  
(Check all that apply)
  - \_\_\_\_ a) Made stained glass
  - \_\_\_\_ b) Made pottery/ceramics
  - \_\_\_\_ c) Made bullets or fishing sinkers from lead
  - \_\_\_\_ d) Used artist paints
  - \_\_\_\_ e) Furniture refinishing
  - \_\_\_\_ f) Stored car batteries near the child's living area
8. Is food or drink stored or served in imported-glazed ceramic dishes? \_\_\_\_Yes \_\_\_\_No \_\_\_\_DK
9. Does the child spend 4-6 hours per week away from the home? \_\_\_\_Yes \_\_\_\_No \_\_\_\_DK
10. Does the child live with an adult whose job or hobby involves potential exposure to lead? \_\_\_\_Yes \_\_\_\_No  
**Examples are on the back of the form.**
11. Are there other children 6 years or younger in the home? \_\_\_\_Yes \_\_\_\_No If yes, please list the names on the back of this page.
12. Is the child a recent immigrant, refugee or foreign adoptee? \_\_\_\_Yes \_\_\_\_No

**Mail this completed form to:**  
 Alabama Department of Public Health  
 The RSA Tower, Suite 1350  
 FHS/Childhood Lead Program  
 P. O. Box 33017  
 Montgomery, Alabama 36130-3017  
**Or fax to 334-206-3726**

Previous Address: \_\_\_\_\_

Date Occupied: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Date Occupied: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Date Occupied: \_\_\_\_\_

Are there other children younger than 6 years of age in the home? Yes \_\_\_ No \_\_\_\_, If yes, list below:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Examples of jobs with potential exposure to lead: (circle if applicable)**

construction worker  
plumber, pipe fitter  
radio, tv- repair  
painter  
auto repairman/mechanic  
battery recycling  
signs and advertizing  
tires and inner tubes  
aluminum die-casting

scrap waste materials  
copper foundries  
steel wire production  
printer  
solderer-welder  
plastics maker  
metal cans  
explosives  
steel metalwork

insecticide workers  
glass maker  
ammunitions maker  
lead miner  
enameling worker  
junkyard employee  
ceramic wall/floor tiles  
refrigeration/heating company  
telephone/telegraph apparatus

**Use this space for additional information: Refer questions from providers or parents to (334)206-2966.**