

Use this form to report all **elevated blood lead levels** greater than or equal to 5 µg/dL. Please print or type all requested information.

Fax to (334) 206-3726 within 5 days of testing. Please call (334) 206-3883 with any questions.

Blood lead levels less than 5 µg/dL should be reported on the non-elevated lead reporting form within 30 days of testing.

Name: Last, First			
DOB/ Sex / Race,Ethnicity	/ /		
Street Address			
City, State Zip/ Phone	/		
Lead Result	Collection Date / /	Venous or Capillary (circle or select one)	Blood Lead Level _____ µg/dL
Medicaid Number (or N/A)/ Guardian name	/		

Name: Last, First			
DOB/ Sex/ Race,Ethnicity	/ /		
Street Address			
City, State Zip/ Phone	/		
Lead Result	Collection Date / /	Venous or Capillary (circle or select one)	Blood Lead Level _____ µg/dL
Medicaid Number (or N/A)/ Guardian name	/		

Reporting Facility _____

Name of Sender _____ Phone _____