Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

Complete and fax to (305) 470-5533

Childhood Lead Poisoning Prevention Reporting Form

Any questions, please call (305) 470-6877

Patient Name: _____, _____ **Sex:** ___ **Date of Birth:** _____
Last First

Race: (please check)
- ☐ White
- ☐ African American/Black
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Am. Indian/Alaska Native
- ☐ Other (specify _____)

Language: (please check)
- ☐ Spanish
- ☐ English
- ☐ Creole
- ☐ Other _____

Ethnicity: (please check)
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Haitian
- ☐ Other _____

Country of Birth: _____ **Entry Date to US:** _____

Type of insurance: (please check) ☐ Public (i.e. Medicaid), ☐ Private, ☐ Other:_____

Parent/Guardian Name: _____, _____
Last First

Relationship to child: _____ **Phone Number:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:**_____

Blood Lead Result: _____µg/dL

Sample Date: ____/____/____

Analyzed Date: ____/____/____

Sample Type: (check one)
- ☐ Capillary
- ☐ Venous

Screened Site: (check one)
- ☐ Clinic
- ☐ CLPPP Clinic
- ☐ Private Physician
- ☐ Other Fixed Site

Lab Report Date: ____/____/____

Hemoglobin Test Result: _____ **Date**: _____

Laboratory sent to: (check one)
- ☐ Lab Corp Tampa
- ☐ Quest Diagnostics
- ☐ _____

PLEASE ATTACH COPY OF LAB TEST RESULT

Physician Name: _____

Physician Office: _____

Provider Address: _____

City: _____**State:** _____ **Zip:**_____

Provider Phone #: _____ **Fax #:** _____

Test Reason: (check one)
- ☐ Medicaid EPSDT
- ☐ Follow-up
- ☐ Routine Screen
- ☐ Confirmatory
- ☐ Symptoms

Reynald Jean, MD, MPH
Acting Director, Epidemiology, Disease Control and Immunization Services
Miami-Dade County Health Department
Childhood Lead Poisoning Prevention and Healthy Homes Program
8600 NW 17th Street, Suite 200 Miami, Florida 33126
Tel (305) 470-6877• Fax (305) 470-5533 • Email: Reynald_Jean@doh.state.fl.us
Website: www.dadehealth.org.