



CHILDHOOD LEAD RISK QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____

Address: _____ Tel: _____

Number of Siblings: _____ Age of Child #1 _____ Age of Child #2 _____ Age of Child #3 _____ Age of Child #4 _____

Please help us assess your child's risk for lead poisoning by answering the following questions:

YES NO

Does your child live or regularly visit a house built that was built before 1950?

Does your child live in or regularly visit a house built before 1978 that has been remodeled in, the past 6 months?

Has your child moved to the United States within the past year?

Does your child have a sibling or playmate with lead poisoning?

Does your child live in or attend day care in any of the following zip codes:

Please circle all that apply.

33125 33126 33127 33128 33129 33130 33131 33132
33133 33134 33135 33136 33137 33138 33139 33140
33141 33142 33144 33145 33147 33150

Does your child receive any type of public assistance (i.e. WIC, food stamps, etc.)?

Is your child enrolled in Medicaid or receive health care in a publicly funded clinic?

Does your child live with an adult whose job or hobby involves exposure to lead?

Please circle all that apply.

auto/battery repair painting fishing
plumbing steel welding pottery work
construction police/ gun work soldering
maritime industry stained glass work Other _____

Does your family use pottery or ceramics for cooking, eating, or drinking?

If you answered yes to any of the questions, your child's doctor will help determine if a blood lead level should be checked. If a level is checked and is found to be greater than or equal to 10 micrograms per deciliter, your child's case will be referred to the Miami-Dade County Health Department for case management.

Childhood Lead Poisoning Prevention Program

(305) 470-6877

