

Lead in Blood Screening Request

Occupant Name: Mr./Ms. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: Home _____

You or your landlord recently applied for a grant through Lead Safe Columbus to address lead hazards that might exist in your home. For your child's safety, **any child in your home less than six years of age is required to have a lead screening**. If your child/children has been tested within the last year, we would like to know the results and the name and address of your doctor. (*See below*)

Columbus Public Health offers **free lead screenings**. A public health nurse can come to your home if necessary or schedule an appointment at the Columbus Health Department. Please complete and sign this form and return in the enclosed envelope to have your child/children scheduled for a **free lead screening**. If you have any questions about the screening, call 645-5315 or 724-6000.

- Please schedule my child/children for a lead screening
- I do not wish my child/children to have a lead screening
- My child has been tested for lead within the last 12 months by: Doctor's name _____

Address _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Parent or Guardian Signature _____ Date _____