

Blood Lead Testing Refusal

Patient/Child Name: _____ **Patient Date of Birth:** _____

Patient Medical Record Number: _____

My child's doctor has told me why it is important to test my child for lead and the risks of not testing.

My child's doctor has explained the facts below from the California Department of Public Health:

- The only way to know if your child has lead poisoning is through a blood test.
- Lead can harm a child's brain. Most children who have lead poisoning do not look or act sick.
- Children should be tested at age 1 and age 2.
- Children between ages 2 and 6 also need lead testing if they have never been tested before or the test results are not known.

I still choose not to have my child tested for lead poisoning.

Reason(s):

Parent/Guardian Signature:

Date:

Clinic Use Only

Reasons why parent/guardian is not able to sign Blood Lead Testing Refusal form:

Provider / clinic signature / stamp:

Please keep this form and include it in patient's medical record.