

**SEQUATCHIE VALLEY HEAD START
SCREENING FOR RISK OF LEAD EXPOSURE**

Child's Name: _____ Center: _____

1. Does your child live in or regularly visit an old house with peeling or chipping paint, built before 1960? This could include a day care facility.

YES

NO

2. Does your child live in a house built before 1960 with recent, ongoing, or planned renovation or remodeling?

YES

NO

3. Have any of your children or their playmates had lead poisoning?

YES

NO

4. Does your child frequently come in contact with an adult who works with lead? For example construction, welding, pottery, or other trades that use lead.

YES

NO

5. Does your child live near a lead smelter, battery recycling plant, or other industries likely to release lead?

YES

NO

6. Does your child live within 80 feet of a heavily traveled major highway where soil and dust may be contaminated with lead?

YES

NO

7. Do you give your child any home or folk remedies that contain lead? For example moonshine for cough medicine.

YES

NO

8. Does your home's plumbing have lead pipes or copper with lead solder joints?

YES

NO

9. Has your child ever had a lead test?

YES

NO

- a. If yes, where was the test done? _____

Parent or Guardian Signature

Date