



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313
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www.scphoh.org

Blood Lead Testing

Does your child/children live in or regularly visit a home built before 1978?

Yes No

Has your child/children ever been tested for lead poisoning?

Yes No

Name of Child	Date of birth	Test result ($\mu\text{g}/\text{dl}$)	Date of test

Name of Physician who conducted the test(s): _____

*Please read and sign the attached Consent to release confidential information form.