Using Adobe Acrobat Reader 8.0 or later	Lead Poisoning & Tuberculosis Age 0 to 5 yrs	3						
	PLEASE PRINT PATIENT'S LAST NAME							
Marking Instructions]
-	PLEASE PRINT PATIENT'S FIRST NAME		PATIENT	'S DATE (OF BIRT	ГН		_
Please use a # 2 pencil PLEASE PRINT PATIENT'S FIRST NAME]
			Month	Day		Ye	ear	
LEAD EXPOSURE								
Do you use home remedies or cosmo (Azarcon, Greta, Pay-loo, Alkohi				yes	\sim		n	0 (
Do you use imported or homomade	dishos or containors to							
Do you use imported or homemade dishes or containers to serve, prepare or store food or drinks?				yes	\bigcirc		n	0 <
Does the child eat or chew on non-food items?			yes 🔵				n	0 🤇
Does the child live in or regularly vis built before 1978 with recent o	it a house or other location or ongoing renovation or remodeling?			yes	\bigcirc		n	0 <
Does the child live in or regularly vis	it a house or other location with peeli	ng						
or chipping paint built before 1	or chipping paint built before 1978? This can include a day care center,							
preschool, school, home of a babysitter, relative or friend.				yes	\bigcirc		n	o (
Does the child have a parent, brothe	er, sister, housemate							
	ed or monitored for lead poisoning							
or has a blood lead level more	than 10ug/dL?			yes	\odot		n	0 (
Does the child live with or frequently								
	example: battery storage, dealing wit							
plumbing materials, automotive repair shop, motor vehicle parts, glass products, pottery, furniture refinishing, painting, soldering, gunsmithing.				yes			n	0 🤇
		9.		,	<u> </u>			
	id smelter, battery recycling plant or could release lead into the environm	on+2		VO	\sim		n	~ ~
	could release lead into the environme			yes	\sim		n	<u> </u>
TUBERCULOSIS EXPOSURE								
Has the child or anyone the child see	es regularly been diagnosed							
or suspected of being sick with	active TB disease?			yes	\bigcirc		n	o (
Was the child born in a high risk regi	on. which includes any							
country in Africa, Asia, Central	-							
or Eastern Europe?				yes	\bigcirc		n	0 🤇
Has the child traveled to a high TB p	revalence country							
for more than 1 week? (include	es Africa, Asia,							
Central America, South America	or Eastern Europe)			yes	\bigcirc		n) C
Does the child have close contact wi	th a person							
who has had a positive TB skin	-			yes	\sim		n	0 <

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