



CHILDHOOD LEAD POISONING EVALUATION QUESTIONNAIRE

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF AIR QUALITY

SFN 59322 (3-2019)

Child's Name	Date of Birth	Age
Form Completed By		
County Child Resides In		

The following questions are to be answered by the parents/guardians of North Dakota Health Tracks – EPSDT eligible children younger than 72 months at a minimum of once per year.

		Yes	No	Unknown
1	Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovation or remodeling? This may include a day-care center, preschool, school, barn, or home of babysitter, relative, friend, etc. (within the past six months)?			
2	Does your child live in or regularly visit a house or other location with peeling or chipping paint built before 1960? (This may include a day-care center, preschool, school, barn, or home of babysitter, relative, friend, etc.).			
3	Does your child have a parent, brother, sister, housemate or playmate who is being treated or followed for lead poisoning? (i.e., blood lead > 10 µg/dL)?			
4	Does your child live with someone whose job or hobby involves exposure to lead, (i.e., stained glass, painting, soldering, automobile battery manufacturing or recycling, vehicle radiator repair)?			
5	Is your child often exposed to foreign-made products such as mini-blinds, cosmetics, color crayons, toys or canned foods?			
6	Do you eat wild game such as venison, elk or pheasant 10 times or more per month?			

➤ If "Yes" to any questions a lead screening should be completed

Capillary Blood Sample: No Yes

Date	Results
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➤ If sample not drawn, please document the reason:

Comments	
Reviewed By	Date

Please mail or fax a copy of this form to:

North Dakota Department of Environmental Quality
 Division of Waste Management
 918 Divide Avenue, 3rd Floor
 Bismarck ND 58501
 (701)328-5166
 Fax: (701)328-5185