

**The Center Early Childhood Programs
Blood Lead Screening/Exámenes de Plomo/Sangre**

Child's Name: _____ Birth Date: _____

To Be Completed by your Physician or Lake County Public Health at 735 Hwy 24 or call them at 719-486-2413.

TEST RESULTS:

HgB (Hemoglobin) Results: _____

Lead Sample Type: Capillary Venous

Lead Care II Test Results:

(reference range = 3.3µg/dL to 10µg/dL)

- Low (less than 3.3µg/dL)
- Elevated: _____ (5µg/dL – 9.9µg/dL)
- High: _____ (10µg/dL and above)

Next exam due: _____

Provider Signature: _____ Date: _____

Immunizations received at this screening: Yes No

Please Attach the Immunization Record to this form!!!

Please fax this form, child's immunization records and additional forms to The Center Early Head Start Program at 719-486-3421 or email to cnelsen@lakecountyschools.net.

Parent's permission for Public Health or physician to fax blood test results:

Parent's name: _____

Parent's signature: _____ Date: _____

**The Center Early Childhood Programs
Blood Lead Screening/Exámenes de Plomo/Sangre**

Nombre de Niño(a): _____ Fecha de Nacimiento: _____

Para ser completado por su Médico o Salud Pública del Condado de Lake
735 US Highway 24 o llame al 719-486-2413.

TEST RESULTS:

HgB (Hemoglobina) Results: _____

Lead Sample Type: Capillary Venous

Lead Care II Test Results:

(reference range = 3.3µg/dL to 10µg/dL)

- Low (less than 3.3µg/dL)
- Elevated: _____ (5µg/dL – 9.9µg/dL)
- High: _____ (10µg/dL and above)

Next exam due/próximo examen vencido : _____

Provider Signature: _____ Date: _____

Inmunizaciones recibidas en estas exámenes: Si No

Adjuntar el registro de inmunización a esta forma!!!

Por favor mandar por fax este formulario, registros de vacunación del niño(a) y formas
adicionales para Programa de Early Head Start de The Center al 719-486-3421 por email
cnielsen@lakecountyschools.net.

Permiso de padres para mandar por fax los resultados de la prueba de sangre a la Salud Pública
o Médico:

Nombre de Padre: _____

Firma de Padre: _____ Fecha: _____