

**Saint Louis**  
**COUNTY**  
**HEALTH**

Parent(s)/Guardian(s) Name

Street Address

City State ZIP

( )  
Area Code Telephone Number

Child's School District / Organization & School Name

St. Louis County Ordinance Chapter 628 (Rev. 2000) requires the completion of this form prior to school enrollment of children less than 72 months of age.

**KINDERGARTEN LEAD SCREENING FORM**

This is to certify that my child, \_\_\_\_\_  
date of birth, \_\_\_\_\_.

Does Does not

- \_\_\_\_\_ Does \_\_\_\_\_ Does not Routinely spend time in a dwelling which was constructed before 1978 and which has peeling, chipping or flaking paint.
- \_\_\_\_\_ Does \_\_\_\_\_ Does not Routinely spend time in a dwelling which was constructed before 1978 and which is undergoing renovation likely to disrupt painted surfaces.
- \_\_\_\_\_ Does \_\_\_\_\_ Does not Routinely spend time in the care of a person who works in a lead-related occupation or who has a lead-related hobby.
- \_\_\_\_\_ Does \_\_\_\_\_ Does not Have a sibling, housemate or playmate that is lead poisoned.

This is to certify that my child:

- \_\_\_\_\_ Has never been tested for lead poisoning.
- \_\_\_\_\_ Was tested for lead poisoning on \_\_\_\_\_ (date), by \_\_\_\_\_ (Name of physician).

Signature of Parent/Guardian

Date

**PLEASE REVIEW THE INFORMATION ON THE BACK OF THIS FORM**

**THIS FORM MUST BE RETURNED TO:**

Saint Louis County Health Department  
Lead Poisoning Prevention Program  
111 South Meramec, 2<sup>nd</sup> Floor  
Clayton, MO 63105