

Blood Lead Testing Voluntary Refusal Form

The Alameda Alliance for Health (Alliance) Blood Lead Testing Voluntary Refusal Form is confidential. This form must be completed by a provider and signed by the pediatric patient's parent/guardian.

INSTRUCTIONS

1. Print clearly or type responses in all the fields below.
2. Have the parent or guardian review and sign the information below.
3. Once signed, please keep this form in the patient's medical records.

For questions about this form or blood lead testing, please speak with your doctor.

SECTION 1: PATIENT/CHILD INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____

Alliance Member ID Number: _____

Medical Record Number: _____

SECTION 2: PARENT/GUARDIAN REVIEW

I attest (certify) that the following information has been reviewed with me by a doctor:

- The serious and long-term health effects of lead poisoning.
- My child should be tested for lead from the age of six (6) months to six (6) years old if they were never tested before or the results are not known.
- A blood test is the only way to know if my child has been exposed to lead.

SECTION 3: PARENT/GUARDIAN SIGNATURE

I voluntarily refuse blood lead testing for my child.

Signature: _____ Date: _____

SECTION 4: FOR CLINIC USE ONLY

Reasons why parent/guardian is not able to sign this form:

Provider/Clinic Signature/Stamp: _____ Date: _____