

Childhood Lead Poisoning

1. **What is lead?**
Lead is a naturally-occurring metal that is unsafe at any level in the body.
2. **What is lead poisoning?**
Lead poisoning is the presence of too much lead in the body.
3. **What are the symptoms of lead poisoning?**
Children with lead poisoning usually have no obvious signs or abnormal symptoms.
4. **How does lead poisoning affect children?**
Lead decreases children's ability to learn and may lead to behavior problems.
5. **Who gets lead poisoning?**
People of any age, race or economic level, but children are at the greatest risk because of oral behaviors and hand contamination.
6. **What are sources of present lead exposure?**
 - Dust and paint chips from deteriorating lead-based paint in homes built before 1978
 - Soil contaminated with lead
 - Imported glazed pottery or other products made outside the United States that contain lead
 - Food, medicines or folk remedies from foreign countries that contain lead
 - Family members who have occupations or hobbies involving lead
 - Drinking water from plumbing containing lead
7. **How can I tell if my child has lead poisoning?**
The only way to diagnose lead poisoning is through a blood test. The blood sample is sent to a laboratory to find out how much lead it contains.
8. **When should I have my child assessed or tested?**
 - A child should be **assessed** for lead exposure at every well child visit between 6 months and 6 years of age.
 - Blood lead **tests** are recommended at 12 and 24 months of age.
 - When a high risk of lead exposure exists.
 - All children eligible for or enrolled in Medicaid, Head Start, All Kids or WIC are required to have blood lead testing.

To assess your child's possible exposure to lead, please answer the questions on the reverse side of this page and discuss any questions or concerns regarding lead poisoning with your child's health care provider.

Illinois Department of Public Health
Childhood Lead Risk Assessment Questionnaire

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING
 (410 ILCS 45/6.2)**

Name _____ Today's Date _____
 Age _____ Birthdate _____ ZIP Code _____

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| Respond to the following questions by circling the appropriate answer. | R E S P O N S E |
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| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? | Yes No Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? | Yes No Don't Know |
| 3. Does this child live in or regularly visit a home that was built before 1978? | Yes No Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes No Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes No Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | Yes No Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes No Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes No Don't Know |

 If there is any "Yes" or "Don't Know" response; **and**

- there has been no change in the child's living conditions; **and**
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result _____ mcg/dL Date _____ Test 2: Blood Lead Result _____ mcg/dL Date _____

Please discuss any questions or concerns with your child's health care provider. For more information, call:

Illinois Department of Public Health
 Childhood Lead Poisoning Prevention Program
 800-545-2200 or 217-782-0403
 TTY (hearing impaired use only) 800-547-0466

 Signature of Doctor/Nurse Date