

INSTRUCTIONS TO FILL OUT AND SUBMIT A CERTIFICATE OF VERY LOW RISK EXEMPTION FOR BLOOD LEAD TESTING

BEFORE you complete the Certificate of Very Low Risk Exemption for Blood Lead Testing on the second page, read the requirements listed on the form to make sure your child meets those requirements. If your child does not meet the requirements for a very low risk exemption, **DO NOT COMPLETE** the Certificate of Very Low Risk Exemption for Blood Lead Testing.

If your child does meet the requirements for a very low risk exemption, read the instructions below for completing and submitting the certificate.

The very low risk exemption certificate has three sections:

1. Name of the child and date of birth
2. Parent or legal guardian information (Name, address, signature, and date of the application)
3. Notary Public information (State and county, date, solicitant name, notary public signature, title, and commission expiration date)

INSTRUCTIONS: Fill out your child's section and yours by printing each of the lines clearly and applying the parent/ guardian's signature. Have a Notary Public fill out their section with their respective stamp/seal. Once it is notarized, submit a copy of the certificate to your child's school and to the following address:

Lucas State Office Building
Iowa Department of Health and Human Services
Attn: Childhood Lead Poisoning Prevention Program
321 East. 12 St.
Des Moines, IA 50319

The Department will add the name of your child to the list of children who have received the certificate of Very Low Risk Exemption for Blood Lead Testing.

IMPORTANT: Please provide the exact last, first and middle name, and the date of birth of your child, as you did or will do at your child's school. If you misspell their name or date of birth on the school registration or in this certificate, your child may not be found in our records and you may be asked to have your child tested.

If you have questions or concerns, please email us at amanda.beckett@idph.iowa.gov or reach us by phone at (800) 972-2026.



CERTIFICATE OF VERY LOW RISK EXEMPTION FOR BLOOD LEAD TESTING

Child Name (Print):

Last Name

First Name

Middle Name

Date of Birth:

I, the parent or guardian of the above-named child, attest that the above-named child meets the definition of very low risk for elevated blood lead levels because this child has not:

1. lived in, visited, or spent time in any building built before 1960, including but not limited to the child's home, a daycare center, a preschool, a baby-sitter's home or a relative's home;
2. eaten nonfood items;
3. lived with or frequently come in contact with an adult who works with lead on the job or as part of a hobby, including but not limited to painting, welding, foundry work, renovating old homes, working at a shooting range, manufacturing or recycling batteries, working with ceramics or stained glass, working with sheet metal or scrap metal, or plumbing;
4. lived near a battery manufacturing plant, battery recycling plant, lead smelter, or other source of lead emissions;
5. been born in or spent more than three months in Mexico, Central America, eastern Europe, or southeast Asia;
6. ingested food, candy, or remedies containing lead;
7. played with toys, jewelry, or other items that the U.S. Consumer Product Safety Commission has recalled due to lead contamination; or
8. been exposed to any other products or substances determined by the department, the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, the Centers for Disease Control and Prevention, or the U.S. Food and Drug Administration to contain lead.

I, the parent or guardian of the above-named child, understand the causes and consequences of lead poisoning in children. I understand that the only way to know if my child is lead-poisoned is to have his or her blood tested. I understand my refusal to allow my child to be tested for lead poisoning could have significant consequences for my child's future development. I understand a child granted a very low risk exemption might experience lead poisoning if the conditions listed above change.

By signing this form, I acknowledge the information above and the resources available at the Iowa Department of Health and Human Services on blood lead testing.

Name (Print):

Parent or Legal Guardian

Address:

House/Apt. No.

Street

City

Zip Code

Signature:

Date:

Parent or Legal Guardian

Email address:



A Certificate of Very Low Risk Exemption is valid only when signed and sealed by a notary public.

State of _____ County of _____

This document was acknowledged before me on _____
Date

by _____
Name (s) of Person(s)

Signature of Notary Public: _____

Title (or Rank for Military Personnel): _____

My commission expires: _____

Notary
Stamp
or
Seal