



## UNIVERSAL BLOOD LEAD LEVEL TESTING REGULATION FREQUENTLY ASKED QUESTIONS

### What is the universal blood lead level testing regulation?

- The universal blood lead level testing regulation mandates that all children in Allegheny County be tested for lead exposure between 9 and 12 months of age and again at 24 months.

### When does the universal blood lead level regulation go into effect?

- The regulation goes into effect on January 1, 2018.

### Which children in Allegheny County must be tested?

- The regulation applies to all children in Allegheny County under the age of 6.

### What should parents do?

- Parents should have their children's blood lead levels tested at the age of 9 to 12 months and again at 24 months.

### Where can parents have their child's blood lead level tested?

- Parents should request the testing from their child's pediatric provider or family doctor.
- Beginning in 2018, ACHD facilities will be offering testing for un- or underinsured families. Please call 412-687-ACHD (2243) for more information.

### What type of test will be used?

- The test will either be a venous test (blood drawn from the arm) or capillary test (blood drawn by a "finger stick").

### Can children be tested at a later age?

- Yes. Children who are not tested before 24 months old should be tested before the age of 6 or entry into kindergarten, whichever is sooner.

### Can parents opt out of having their child's blood lead level tested?

- Yes, parents who object in writing on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief can opt out of blood testing.





**Allegheny County Health Department**

**Lead Testing Record**

*To be filled out by parent or guardian*

Student first and last name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: PA Zip code: \_\_\_\_ - \_\_\_\_

Parent or guardian name: \_\_\_\_\_

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*To be filled out by health care provider*

Date of most recent lead test: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_

**Signature** (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, health department staff)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If exemption is requested, please fill out back of form.**

**Other acceptable proof of testing: any written statement by the child's health care provider.**

**Allegheny County Health Department**

**Statement of Exemption to Lead Testing Regulation**

*To be filled out by parent or guardian*

Student first and last name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: PA Zip code: \_\_\_\_\_ - \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

**Religious or Strong Moral/ Ethical Conviction Exemption**

State your reason/s for requesting this exemption (required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
(Parent or guardian)

Date \_\_\_/\_\_\_/\_\_\_

*To be filled out by health care provider*

**Medical Exemption**

The physical condition of the above-named child is such that blood lead testing may be detrimental to his/her health.

Signed \_\_\_\_\_  
(Physician)

Date \_\_\_/\_\_\_/\_\_\_