

# DECLARATION OF ELEVATED TEST RESULT FORM

**To: Nurse Case Manager**  
NH Department of Health and Human Services  
Healthy Homes Lead Poisoning Prevention  
Program

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I am aware of the requirement in New Hampshire's Lead Poisoning Prevention and Control Act that one of the following conditions must be met in order for the Department of Health and Human Services (DHHS) to proceed with an environmental investigation for a child with a venous blood lead of 10 µg/dL or greater:

1. The child must have a second venous blood lead level drawn; OR
2. The child's health care provider may declare the initial venous blood lead test of 10 µg/dL or greater to be elevated.

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Name of child \_\_\_\_\_ DOB \_\_\_\_\_

had a venous blood lead level of \_\_\_\_\_ µg/dL on \_\_\_\_\_ date

PLEASE CHECK ONE BOX.

The option I wish to use for this child is:

I will make arrangements to have a second venous blood lead test drawn **PRIOR TO** having an environmental investigation conducted by the DHHS.

OR

I declare the above referenced blood lead level to be elevated in order that an environmental investigation may be conducted by the DHHS.

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Signature

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Date

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Telephone

## Healthy Homes Lead Poisoning Prevention Program

State of New Hampshire, Department of Health and Human Services  
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