

DECLARATION OF ELEVATED TEST RESULT FORM

To: Public Health Nurse

NH Department of Health and Human Services
Healthy Homes and 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 7.5 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 7.5 µg/dL or greater to be elevated.

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.

Signature

Date

Telephone

Healthy Homes and Lead Poisoning Prevention Program

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