

MARYLAND DEPARTMENT OF HUMAN RESOURCES  
Child Care Administration

**HEALTH INVENTORY - ADDENDUM**

**CHILD'S PERSONAL RECORD FOR  
CHILD CARE CENTERS, FAMILY CHILD CARE HOMES, AND  
NON-PUBLIC NURSERY SCHOOLS AND KINDERGARTENS**

Under Maryland law, a child under six years of age who is admitted to child care must have appropriate screening for lead poisoning. Parent(s) or guardian(s) must submit evidence of this screening to the child care provider within 30 days of admission to care. Under Maryland law, children who reside (or have ever resided) in certain areas of the State designated as at-risk for childhood lead poisoning must receive one or more blood lead tests. The at-risk areas requiring blood lead testing (per list revised May 2004 by DHMH), and instructions for that testing, are specified on the back of this form.

*To be completed by a HEALTH PRACTITIONER:*

\_\_\_\_\_  
Child's Name  
\_\_\_\_\_  
Child's Birth Date  
has received appropriate lead screening and/or blood lead testing.

**NOTE** - If this child resides, or has ever resided, in an area listed on the back of this form, provide the following information about the child's blood lead testing: Test #1 \_\_\_\_\_ Date \_\_\_\_\_ Test #2 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Practitioner  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City/Town  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Zip Code

*To be completed by the child's PARENT/GUARDIAN:*

\_\_\_\_\_  
Name of Child's Parent or Guardian  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Zip Code

\* \* \* \* \*

**PLEASE RETURN THIS COMPLETED FORM TO:**

Name of: \_\_\_\_\_  
(Child Care Center, Family Child Care Home, School)

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City/Town  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Zip Code

TO THE ATTENTION OF: \_\_\_\_\_

## At Risk Areas by Zip Code and Blood Lead Testing Instructions

Under Maryland law, children who reside, or have ever resided, in any of the at-risk zip codes listed below must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1<sup>st</sup> test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1<sup>st</sup> and 2<sup>nd</sup> tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1<sup>st</sup> test is done after 24 months of age, one test is required. The child's health care provider should record the test dates on this form and certify them by signing or stamping the signature section of the form. All forms should be kept on file with the child's health records.

<u>Allegany</u>	<u>Baltimore (cont.)</u>	<u>Frederick</u>	<u>Kent</u>	<u>P.G. (cont.)</u>	<u>Talbot</u>
ALL	21228	20842	21610	20752	21612
	21229	21701	21620	20770	21654
<u>Anne Arundel</u>	21234	21703	21645	20781	21657
20711	21236	21704	21650	20782	21665
20714	21237	21716	21651	20783	21671
20764	21239	21718	21661	20784	21673
20779	21244	21719	21667	20785	21676
21060	21250	21727		20787	
21061	21251	21757		20788	
21225	21282	21758	<u>Montgomery</u>	20790	
21226	21286	21762	20783	20791	<u>Washington</u>
21402		21769	20787	20792	ALL
	<u>Baltimore City</u>	21776	20812	20799	
	ALL	21778	20815	20912	
<u>Baltimore</u>		21780	20816	20913	<u>Wicomico</u>
21027	<u>Calvert</u>	21783	20818		ALL
21052	20615	21787	20838	<u>Queen Anne's</u>	
21071	20714	21791	20842	21607	
21082		21798	20868	21617	<u>Worcester</u>
21085	<u>Caroline</u>		20877	21620	ALL
21093	ALL	<u>Garrett</u>	20901	21623	
21111		ALL	20910	21628	
21133	<u>Carroll</u>		20912	21640	
21155	21155	<u>Harford</u>	20913	21644	
21161	21757	21001		21649	
21204	21776	21010	<u>Prince George's</u>	21651	
21206	21787	21034	20703	21657	
21207	21791	21040	20710	21668	
21208		21078	20712	21670	
21209	<u>Cecil</u>	21082	20722		
21210	21913	21085	20731	<u>Somerset</u>	
21212		21130	20737	ALL	
21215	<u>Charles</u>	21111	20738		
21219	20640	21160	20740	<u>St. Mary's</u>	
21220	20658	21161	20741	20606	
21221	20662		20742	20626	
21222		<u>Howard</u>	20743	20628	
21224	<u>Dorchester</u>	20763	20746	20674	
21227	ALL		20748	20687	

\* Department of Human Resources, Child Care Administration Health Inventory Lead Addendum (DHR/CCA 1215-A)

\* Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate (DHMH 4620, rev. May 2004)

Both available in PDF format <http://www.fha.state.md.us/och/html/lead.html>

**For more information on blood lead testing, contact your Local Health Department**