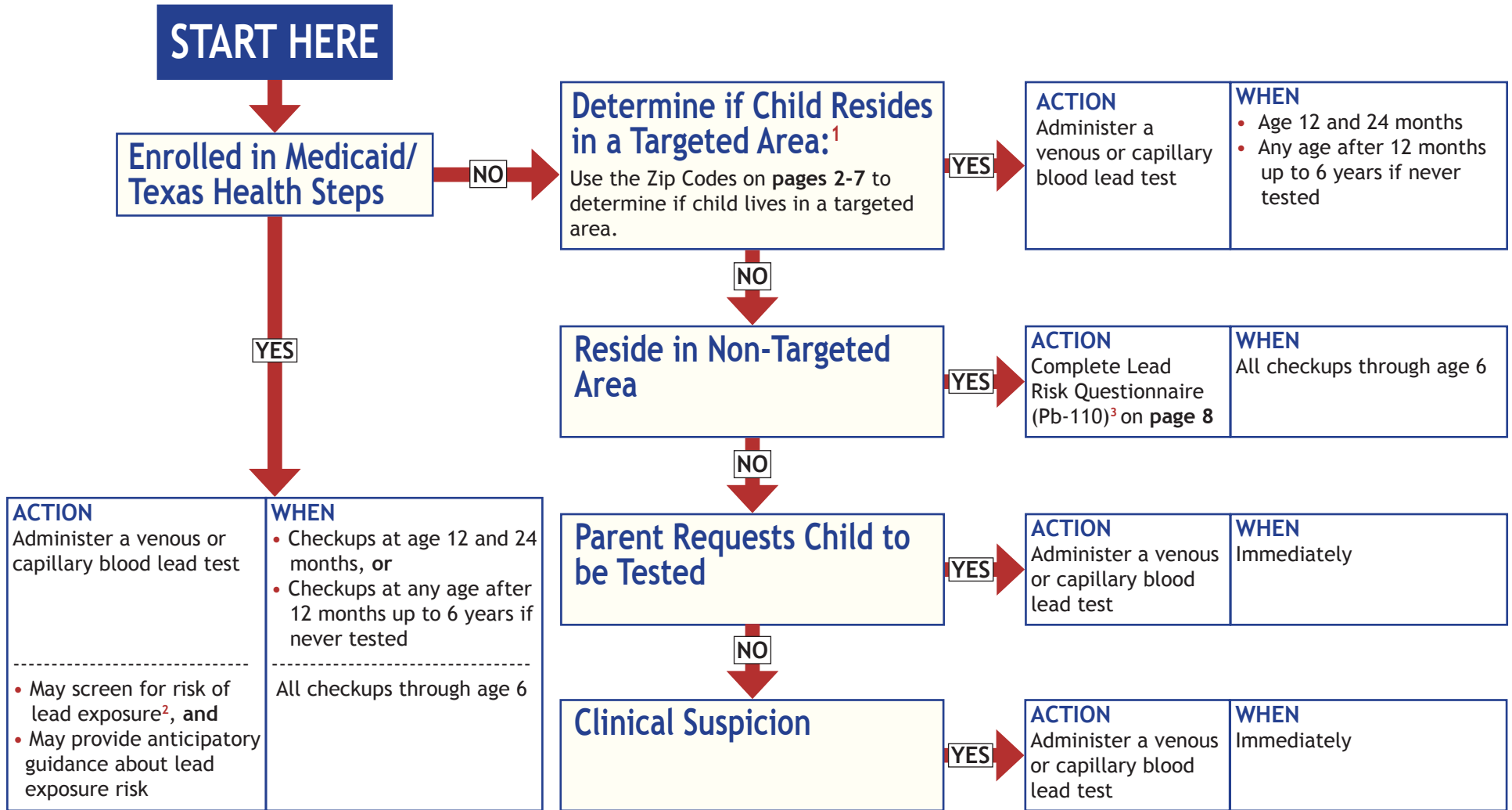


# Childhood Blood Lead Screening Guidelines



**NOTE:** After a blood lead test is administered and you receive the results; use Pb-109 Form<sup>4</sup>, *Reference for Follow-up Testing and Medical Case Management*, to determine if or when follow-up testing and medical case management is necessary.

<sup>1</sup>Targeted zip codes have one or more associated census tract in which: (a) The percentage of children age 1-2 years old with a blood lead level  $\geq 5$  mcg/dL is  $\geq 3\%$  among those tested in 2016 (Prevalence), or (b) The percentage of residential structures built before 1950 is  $\geq 27\%$  (Housing) . <sup>2</sup>Only for Texas Health Steps Children - the use of the *Lead Risk Questionnaire* (Pb-110) and child health forms is optional. The child health forms are available online from Texas Health Steps at [www.dshs.texas.gov/thsteps/forms.shtm](http://www.dshs.texas.gov/thsteps/forms.shtm). <sup>3</sup>The *Lead Risk Questionnaire* (Pb-110) is recommended for children who reside in a non-targeted area. <sup>4</sup>The Pb-109 and other TX CLPPP forms are available online at [www.dshs.texas.gov/lead](http://www.dshs.texas.gov/lead).

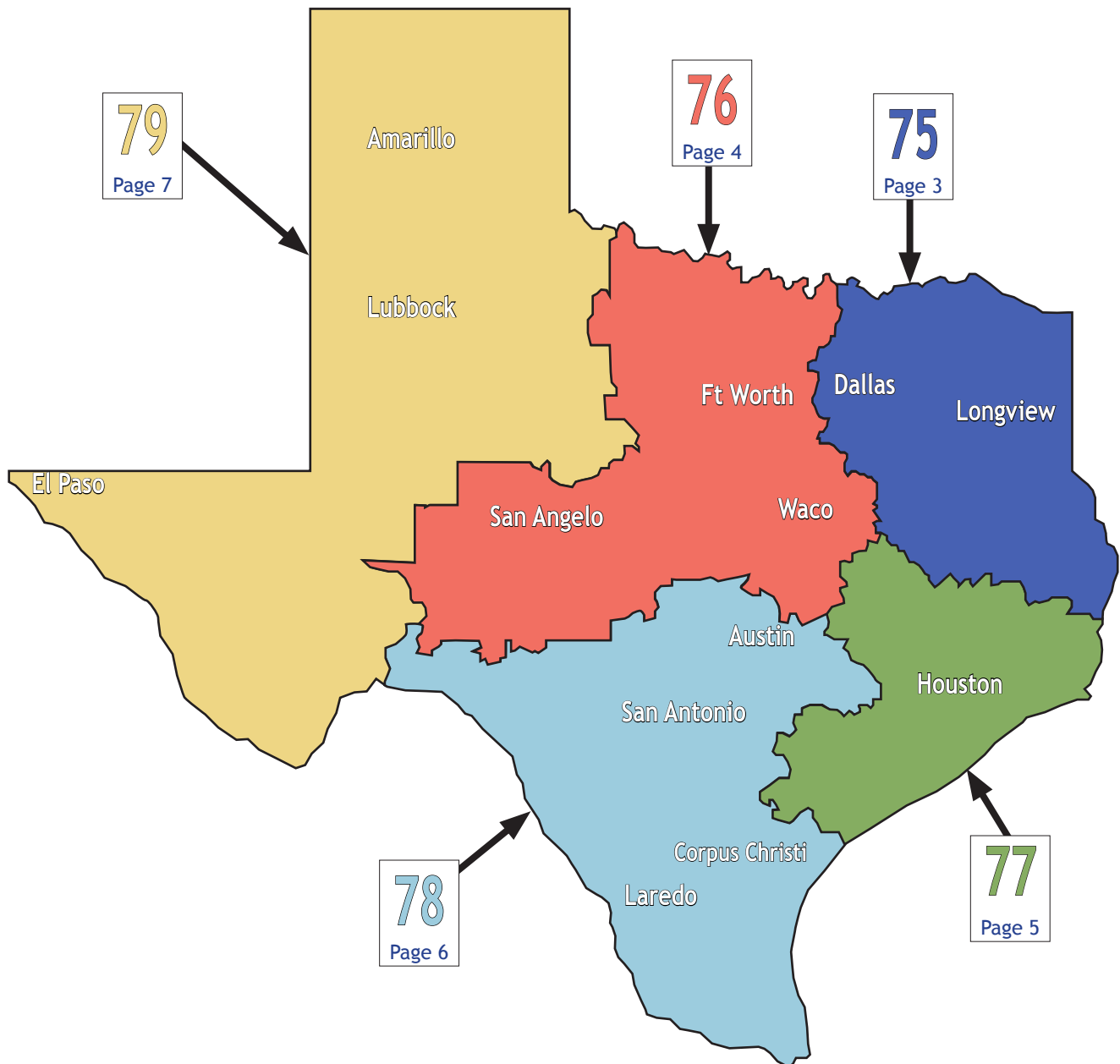
# Targeted Areas by Zip Code\*

## About the Map

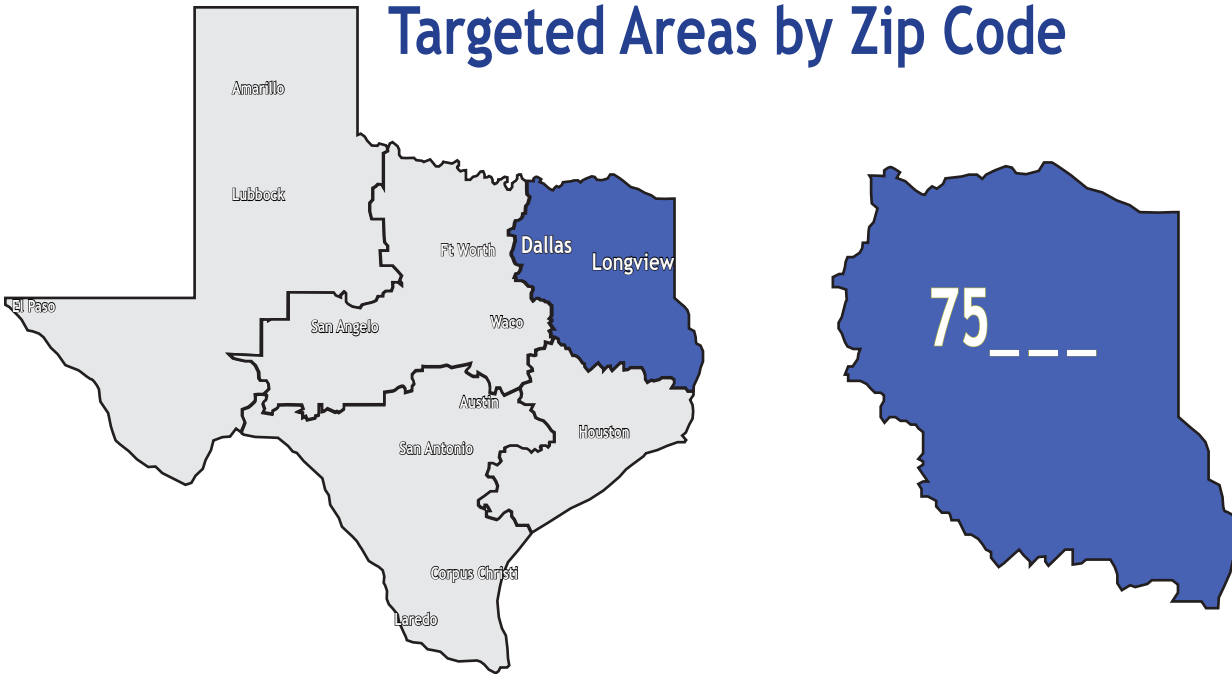
- Texas map uses an overlay of zip codes by boundary.
- Each boundary is color coded.
- Major cities listed to help locate an area on the map.

## Using the zip code the child lives in:

- Locate the zip code boundary on the map.
- Go to the zip code boundary page.
- Look at the list of zip codes to determine if child's zip code is in a targeted area.



# Targeted Areas by Zip Code



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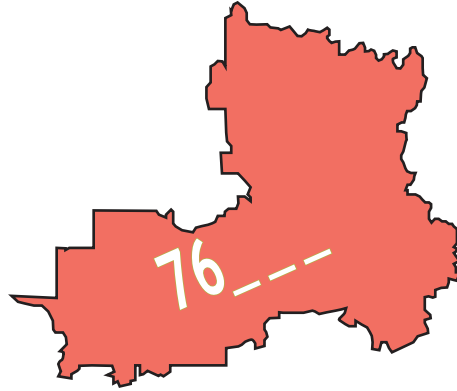
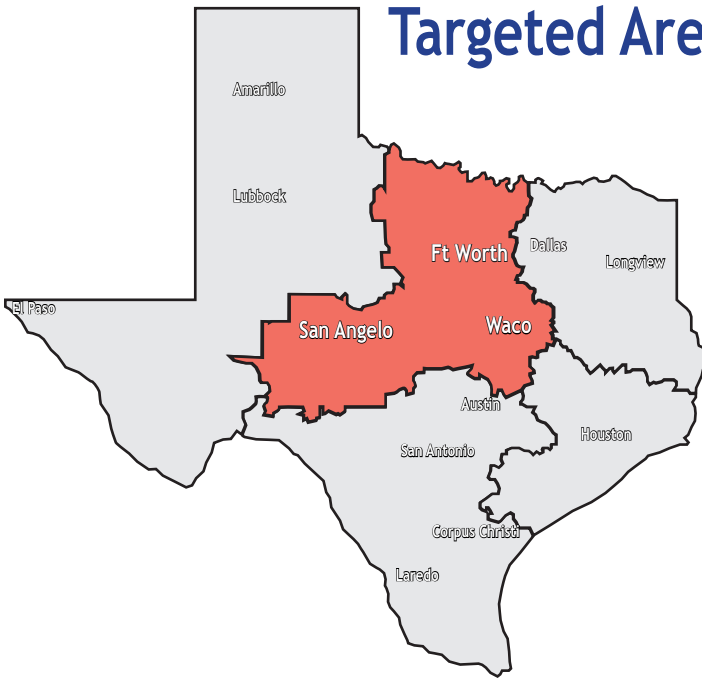
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# Targeted Areas by Zip Code



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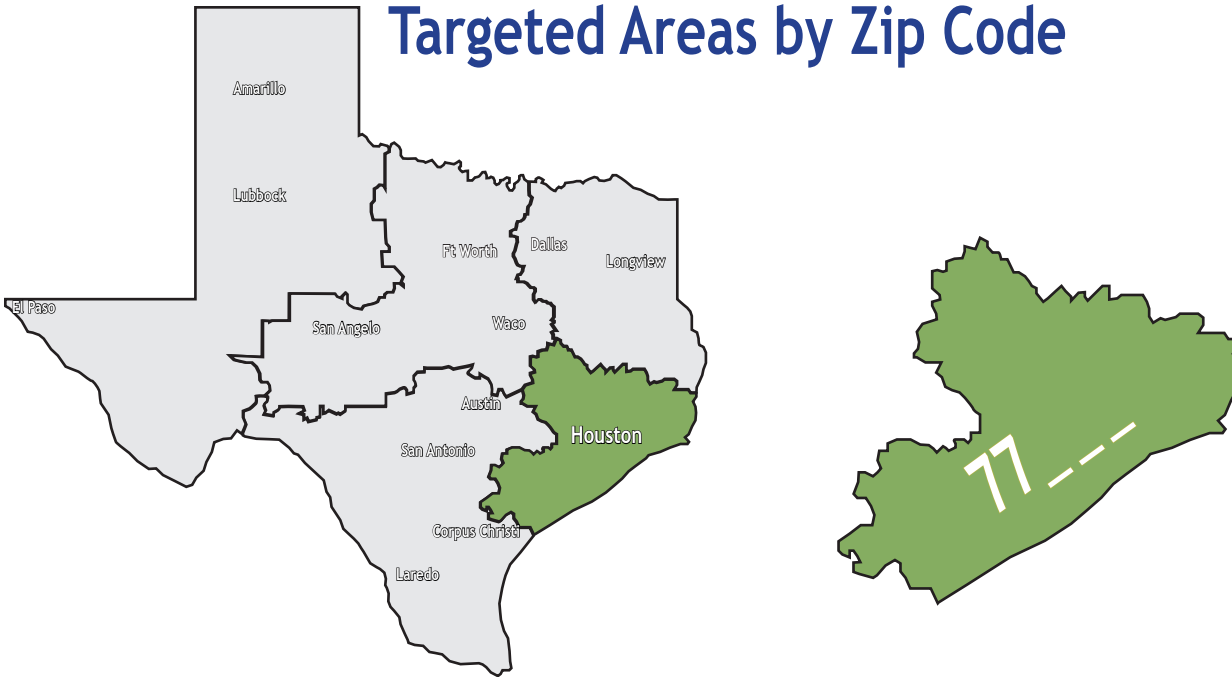
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# Targeted Areas by Zip Code



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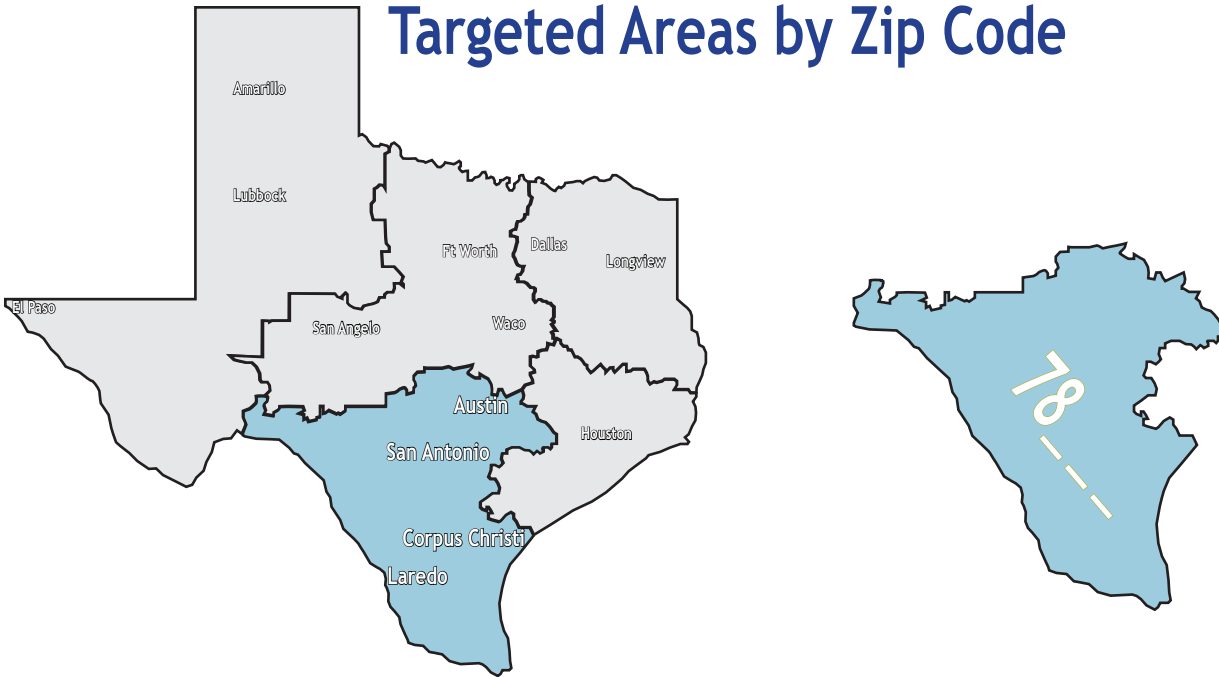
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# Targeted Areas by Zip Code



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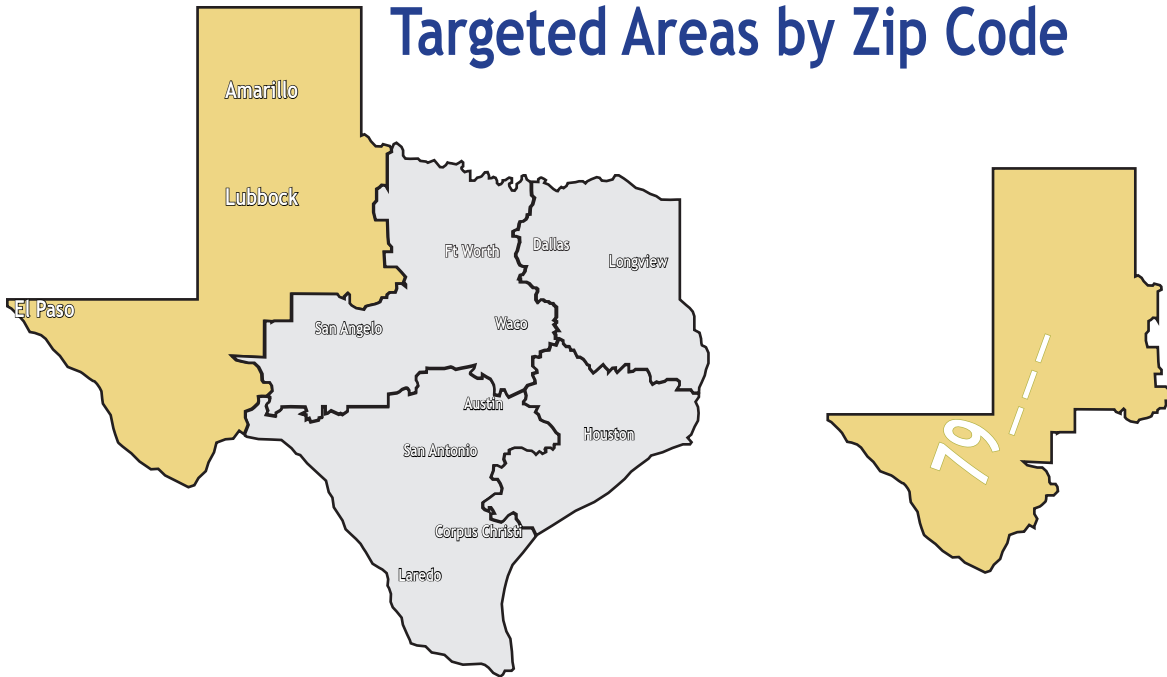
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# Lead Risk Questionnaire

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes** or **Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date \_\_\_\_\_

## Questions

| Questions  | Yes or Don't Know        | No                       |
|--|--------------------------|--------------------------|
| 1. Does your child live in or visit a home, day-care or other building built before 1978?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child eat or chew on non-food things like paint chips or dirt?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child have a family member or friend who has or did have an elevated blood lead level?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your child a newly arrived refugee or foreign adoptee?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child come in contact with an adult whose job or hobby involves lead exposure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Examples</i> <ul style="list-style-type: none"> <li>• House construction or repair</li> <li>• Battery manufacturing or repair</li> <li>• Burning lead-painted wood</li> <li>• Automotive repair shop or junk yard</li> <li>• Going to a firing range or reloading bullets</li> <li>• Chemical preparation</li> <li>• Valve and pipe fittings</li> <li>• Brass/copper foundry</li> <li>• Refinishing furniture</li> <li>• Making fishing weights</li> <li>• Radiator repair</li> <li>• Pottery making</li> <li>• Lead smelting</li> <li>• Welding</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your family use products from other countries such as pottery, health remedies, spices, or food?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Examples</i> <ul style="list-style-type: none"> <li>• Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkoohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda</li> <li>• Cosmetics such as kohl, surma, and sindor</li> <li>• Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins.</li> <li>• Foods canned or packaged outside the U.S.</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |

**Test Immediately**

**Fax this form to 512-776-7699 or mail to the address below.**