



Parent/Guardian Refusal of Blood Lead Testing

Print child's full name: _____

Child's date of birth: _____

I confirm that I am aware of the serious and long-term health effects of lead poisoning on children under six years old. I do object to my child being blood tested to find out if he/she is lead poisoned. I hereby refuse blood lead testing. I am aware that a copy of this will be kept in the medical record.

Reason for refusal _____

Signed _____

Relation to child: _____
(parent or guardian)

Date: _____

Parent/Guardian address:

city

state

zip

Parent/Guardian phone number _____

Copies:

Provide parent/guardian with copy for their records.

One copy should be retained in chart.

Language Assistance Notice

For assistance in English at no cost, call (855) 699-5557 (TTY: 711) (San Diego) or (800) 605-2556 (TTY: 711) (Los Angeles). Para obtener asistencia en español sin cargo, llame al (855) 699-5557 (TTY: 711) (San Diego) o (800) 605-2556 (TTY: 711) (Los Angeles). 如果需要中文的免费帮助, 请拨打这个号码 (855) 699-5557 (TTY: 711), (800) 605-2556 (TTY: 711) (Los Angeles).

Nondiscrimination Notice

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You can get this document for free in other formats, such as large print, braille, and/or audio. Call (855)699-5557 (TTY:711) for San Diego County, (800) 605-2556 (TTY: 711) for LA county.

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