

BEFORE you complete the Certificate of Very Low Risk Exemption for Blood Lead Testing in the second page, read the requirements on it to know if your child meets ALL of them. If he/she does not, **DO NOT COMPLETE** the Very Low Risk Exemption Certificate for Blood Lead Testing.

If he/she does, read the instructions below to complete and submit the certificate.

This exemption certificate has four sections:

1. Name of the child and date of birth
2. Parent or legal guardian (Name, address, signature, and date of the application)
3. Notary Public (State and county, date, name of notary public, title, commission expiration date and stamp)
4. Name and signature of the Iowa Department of Health & Human Services (HHS) person and date.

INSTRUCTIONS: Fill out your child's section and yours by printing each of the lines clearly. Have a Notary Public fill out their section with their respective stamp/seal. Keep a copy with you and send the original document attention to:

Lucas State Office Building
Iowa Department of Health & Human Services
Attn: Rossany Brugger
321 East. 12 St.
Des Moines, IA 50319

Once we receive your document, HHS will sign it and date it, and will return you the original. We will keep an electronic copy and will add the name of your child to HHS's data base of children who received the Exemption of Blood Lead Testing for Very Low Risk. Provide a complete copy of the signed/stamped certificate to your child's school.

IMPORTANT: Please provide exactly the same last, first and middle name, and date of birth of your child, as you did or will do at your child's school. If you misspell their name or date of birth at either, the school registration or in this certificate, our records may not properly match the name on the exemption granted and ask you to have your child tested.

If you have questions or concerns, please contact Rossany.brugger@idph.iowa.gov or call at (515) 281-3225 or at (800) 972-2026.

Certificate of Very Low Risk Exemption for Blood Lead Testing

Name of Child:

Last: _____ First: _____ Middle: _____ Date of Birth: _____

School name: _____ School district/building #: _____

I, the parent or guardian of the above-named child, attest that such child meets the definition of very low risk for elevated blood lead levels because this child **has not**:

(1) lived in, visited, or spent time in any building built before 1960, including but not limited to the child's home, a daycare center, a preschool, a baby-sitter's home or a relative's home; (2) eaten nonfood items; (3) lived with or frequently come in contact *with* an adult who works with lead on the job or as part of a hobby, including but not limited to painting, welding, foundry work, renovating old homes, working at a shooting range, manufacturing or recycling batteries, working with ceramics or stained glass, working with sheet metal or scrap metal, or plumbing; (4) lived near a battery manufacturing plant, battery recycling plant, lead smelter, or other source of lead emissions; (5) been born in or spent more than three months in Mexico, Central America, eastern Europe, or southeast Asia; (6) ingested food, candy, or remedies containing lead; (7) played with toys, jewelry, or other items that the U.S. Consumer Product Safety Commission has recalled due to lead contamination; or (8) been exposed to any other products or substances determined by the department, the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, the Centers for Disease Control and Prevention, or the U.S. Food and Drug Administration to contain lead.

I, the parent or guardian of the above-named child, understand the causes and consequences of lead poisoning in children. I understand that the only way to know if my child is lead-poisoned is to have his or her blood tested. I understand my refusal to allow my child to be tested for lead poisoning could have significant consequences for my child's future development. I understand a child granted a very low risk exemption might experience lead poisoning if the conditions listed above change.

I, the parent or guardian of the above-named child, hereby certify that the information I have provided in this document is true and correct. By signing this certificate, I attest that this child meets the definition for very low risk for elevated blood lead levels and that the Iowa Department of Health & Human Services may act in reliance upon such attestation in issuing this certificate.

Name (Print): _____
Parent or legal guardian

Address: _____
House/Apt. No. Street City Zip code

Signature: _____ Date: _____

Email Address _____

A Certificate of Very Low Risk Exemption is valid only when signed and sealed by a notary public.

State of _____ County of _____

This document was acknowledged before me on _____

Date

By _____

Signature of Notary Public: _____

Name(s) of Person(s)

Title (or Rank for Military Personnel): _____

Stamp or
Seal Notary

My commission expires: _____

Based solely on the information provided by the above parent or guardian, the Department of Public Health determines this child to be at very low risk for elevated blood lead levels.

Bureau Chief: _____ Date: _____