



MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (N261)
BLOOD TESTING RELEASE FORM

Occupant Name: First MI Last

Co-Occupant Name: First MI Last

Property: [Blank lines]

Apartment # [Blank line]

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past three (3) months, you should contact your child's primary health care provider or the local health department to arrange for a test.

Please check one of the following- the one which best describes your children:

[] My children under six have had their blood lead levels tested in the past three (3) months. Please identify

Table with 4 columns: #, Name(s) of children under 6, Date of Test, Test Provider. Rows 1-5.

[] I hereby authorize the provider to release the results of this (these) blood test (s) to the Lead Hazard Reduction Demonstration Program.

[] My children under six have not had their blood lead levels tested in the past three (3) months and I agree to have them tested at this time.

[] For Religious purposes and/or personal reasons, I choose not to have my child (children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Maine Lead Paint Hazard Abatement Program.

Parent or Guardian Signature

Date

Parent or Guardian Name