

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, 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'd</u>	<u>Cecil</u>	<u>Garrett cont'd</u>	<u>P.G. cont'd</u>	<u>Talbot</u>
21501	21215	NONE	21538	20752	NONE
21502	21219		21539	20770	
21503	21220	<u>Charles</u>	21550	20781	<u>Washington</u>
21504	21221	20640	21561	20782	21711
21505	21222		21562	20783	21713
21521	21224	<u>Dorchester</u>		20785	21715
21524	21227	21613	<u>Harford</u>	20787	21720
21528	21228	21622	21001	20788	21721
21529	21229	21626	21010	20790	21722
21530	21234	21627	21034	20791	21733
21532	21237	21634	21040	20792	21734
21539	21239	21643	21078	20799	21740
21540	21244	21648	21085	20912	21741
21542	21250	21659	21130	20913	21742
21543	21251	21669		<u>Queen Anne's</u>	21746
21545	21282	21672	<u>Howard</u>	21607	21750
21555		21675	21227	21640	21758
21556	<u>Baltimore City</u>	21677		21644	21767
21557	ALL	21869	<u>Kent</u>	21668	21781
21560			21661	21670	21782
21562	<u>Calvert</u>	<u>Frederick</u>		<u>Somerset</u>	21783
	NONE	21701	<u>Montgomery</u>	21817	21795
<u>Anne Arundel</u>		21716	20912	21821	
21060	<u>Caroline</u>	21727	20913	21822	<u>Wicomico</u>
21061	21609	21758		21824	ALL
21225	21629	21762	<u>Prince George's</u>	21836	
21226	21632	21783	20703	21838	<u>Worcester</u>
21402	21636	21787	20710	21851	21811
<u>Baltimore</u>	21639		20712	21853	21813
21027	21640	<u>Garrett</u>	20722	21857	21822
21052	21641	21520	20731	21866	21829
21133	21649	21521	20737	21867	21841
21206	21655	21522	20738	21870	21842
21207	21660	21523	20740	21871	21843
21208	21670	21531	20741	21890	21851
21209		21532	20742		21862
21210	<u>Carroll</u>	21536	20743	<u>St. Marv's</u>	21863
21212	21787		20746	NONE	21864
					21872

\* Department of Human Resources, Child Care Administration Health Inventory Lead Addendum

\* Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate

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**