

Appendix : Forms

NORTH CAROLINA COUNTY CODES

001 Alamance	026 Cumberland	051 Johnston	076 Randolph
002 Alexander	027 Currituck	052 Jones	077 Richmond
003 Alleghany	028 Dare	053 Lee	078 Robeson
004 Anson	029 Davidson	054 Lenoir	079 Rockingham
005 Ashe	030 Davie	055 Lincoln	080 Rowan
006 Avery	031 Duplin	056 Macon	081 Rutherford
007 Beaufort	032 Durham	057 Madison	082 Sampson
008 Bertie	033 Edgecombe	058 Martin	083 Scotland
009 Bladen	034 Forsyth	059 McDowell	084 Stanly
010 Brunswick	035 Franklin	060 Mecklenburg	085 Stokes
011 Buncombe	036 Gaston	061 Mitchell	086 Surry
012 Burke	037 Gates	062 Montgomery	087 Swain
013 Cabarrus	038 Graham	063 Moore	088 Transylvania
014 Caldwell	039 Granville	064 Nash	089 Tyrrell
015 Camden	040 Greene	065 New Hanover	090 Union
016 Carteret	041 Guilford	066 Northampton	091 Vance
017 Caswell	042 Halifax	067 Onslow	092 Wake
018 Catawba	043 Harnett	068 Orange	093 Warren
019 Chatham	044 Haywood	069 Pamlico	094 Washington
020 Cherokee	045 Henderson	070 Pasquotank	095 Watauga
021 Chowan	046 Hertford	071 Pender	096 Wayne
022 Clay	047 Hoke	072 Perquimans	097 Wilkes
023 Cleveland	048 Hyde	073 Person	098 Wilson
024 Columbus	049 Iredell	074 Pitt	099 Yadkin
025 Craven	050 Jackson	075 Polk	100 Yancey

EXPOSURE HISTORY OF CHILD WITH ELEVATED BLOOD LEAD LEVEL

1. Last Name	First Name	MI
2. Medicaid No. or SSN		
3. Date of Birth	4. Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Island. <input type="checkbox"/> Other		
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. County of Residence:		
8. Refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Current Address of Child: _____ Phone: (____) _____

Length of Residence at Child's Current Address: _____ years _____ months

Parent/Guardian Name: _____

Laboratory Findings: Date: _____ Blood Lead: _____

Date: _____ Blood Lead: _____

Date: _____ Blood Lead: _____

Dietary History:

Yes No

- Does the family store food in open cans?
- Does the family prepare, store, or serve food in homemade or imported ceramic dishes?
- Does the family use traditional medicines such as greta, azarcon or pay-loo-ah?
- Does the family cook with imported spices?
- Does the child receive iron, calcium or phosphorus supplements?
- Is the child enrolled in the WIC program?

Comments: _____

Possible Non-food Sources of Child's Lead Exposure:

Yes No

- | | | Explain |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does child play in dirt? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does child put fingers in mouth? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever seen child eat a paint chip, plaster or chew on painted surfaces? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does child eat or chew on other non-food items? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does family recycle or store old car batteries? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does family use the following for fuel: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | painted boards? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | battery casings? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there plastic or vinyl miniblinds at the child's home? _____ |

Possible Non-food Sources of Child's Lead Exposure: (Continued)

Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Is there peeling paint or plaster inside or out at the child's primary residence? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the primary residence being remodeled or has it been remodeled during the past six months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do any family members work in battery salvage, car repair or painting, smelting or house renovating? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do any family members have a hobby or job that involves hunting; target shooting; fishing; furniture repair; making bullets, pottery or stained glass? _____
<input type="checkbox"/>	<input type="checkbox"/>	Was the child born in a country other than the United States? _____

Approximate Age of Dwelling: _____ Owner of Dwelling: _____

Number of children in household less than 6 years old:	Tested for lead poisoning during past six months?
Name/age _____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

INTERVIEWER: Have I completed the following?	Yes	No	Comments
Discussed effects of lead poisoning and need for patient follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provided education on house cleaning measures to prevent lead poisoning.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provided nutritional information to reduce lead absorption.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Made arrangements for subsequent laboratory testing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has referral been made to physician if needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, give date and time: _____			_____
Explained reason for environmental investigation.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Referred to local health department for environmental investigation.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date: _____ INTERVIEWER: _____

- Purpose:** To be used by the health care provider to determine potential sources of lead exposure for a child with an elevated blood lead level and to educate the family about lead poisoning.
- Preparation:** Fill in the blanks and check the appropriate answers. **Fax a copy to (919) 841-4015.**
- Distribution:** Retain original at county health department with child's record. Send a copy to the lead investigator upon a referral for an environmental investigation.
- Disposition:** This form may be destroyed in accordance with Standard 5 of the *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional forms may be ordered from: Environmental Health Section
Division of Public Health
Children's Environmental Health Unit
1934 Mail Service Center
Raleigh, NC 27699-1934
Phone: (919) 707-5854

NC Department of Health and Human Services
Division of Public Health

LEAD RISK ASSESSMENT QUESTIONNAIRE

Patient's Name:

Medical Record Number:

Purpose: For clinical use to identify children who need to be tested for lead exposure.

Instructions: At 12 and again at 24 months of age (or at the time of the clinic visit closest to these ages) determine the zip code for all children. Note: If the mailing and residential addresses are not the same, use the zip code of the physical address where the child lives. Also determine the zip code for children between 24 and 72 months of age who have never been tested or for whom testing status is unknown. Conduct a blood lead test for all children who live in one of the high risk zip codes listed on the back of this page. For children who do not live in a high risk zip code ask the assessment questions below. Conduct a blood lead test if the answer to any question is **yes** or **I don't know**.

Reordering Information: Additional copies of this form may be ordered from:
Environmental Health Section
Division of Public Health
1632 Mail Service Center
Raleigh, NC 27699-1632
Telephone: 888-774-0071

Date:	Age:	Residential Zip Code:
1.	Receive Women, Infants, and Children (WIC) Program Services or is your child enrolled in Medicaid (Health Check) or Health Choice?	
2.	Live in or regularly visit a house that was built before 1950, including home child care centers or homes of relatives?	
3.	Live in or regularly visit a house that was built before 1978, with recent or ongoing renovations or remodeling (within the last 6 months)?	
4.	Live in or regularly visit a house that contains vinyl miniblinds?	
5.	Have a brother, sister, other relative, housemate or playmate who has or has had a high blood lead level?	
6.	Is your child a refugee, immigrant or adopted from another country?	

Date:	Age:	Residential Zip Code:
1.	Receive Women, Infants, and Children (WIC) Program Services or is your child enrolled in Medicaid (Health Check) or Health Choice?	
2.	Live in or regularly visit a house that was built before 1950, including home child care centers or homes of relatives?	
3.	Live in or regularly visit a house that was built before 1978, with recent or ongoing renovations or remodeling (within the last 6 months)?	
4.	Live in or regularly visit a house that contains vinyl miniblinds?	
5.	Have a brother, sister, other relative, housemate or playmate who has or has had a high blood lead level?	
6.	Is your child a refugee, immigrant or adopted from another country?	

North Carolina Zip Codes for Children at High Risk for Lead Exposure

Conduct a blood lead test on all children who live in one of these zip codes.

27011	27405	27810	27871	27954	28137	28365	28463	28581	28752
27013	27406	27812	27872	27956	28139	28367	28464	28585	28753
27014		27813	27873	27957	28144	28368	28466	28586	28755
27016	27504	27814	27874	27960	28150	28369	28469		28756
27024	27508	27816	27875	27962	28159	28371	28470	28604	28757
27028	27510	27818	27876	27964	28160	28372	28471	28611	28761
27030	27521	27819	27877	27965	28169	28373	28472	28615	28762
27042	27530	27820	27878	27967	28170	28376	28478	28616	28771
27046	27534	27821	27882	27970		28377	28479	28621	28772
27047	27536	27822	27883	27973	28208	28379		28622	28777
27052	27542	27823	27884	27974		28382	28501	28623	28779
27053	27544	27824	27885	27979	28301	28383	28504	28624	28781
	27546	27826	27886	27980	28303	28384	28510	28627	28782
27101	27549	27827	27888	27982	28305	28385	28511	28635	28789
27105	27551	27828	27889	27983	28306	28386	28513	28637	28792
27107	27553	27829	27890	27985	28315	28390	28515	28640	
	27555	27830	27891	27986	28318	28393	28516	28642	28801
27202	27557	27831	27892		28323	28394	28518	28644	
27212	27559	27832	27893	28001	28325	28395	28519	28657	28909
27217	27563	27839	27897	28007	28326	28396	28521	28659	
27239	27565	27840		28009	28328	28398	28523	28662	
27242	27568	27841	27909	28018	28330	28399	28525	28663	
27252	27569	27843	27910	28019	28332		28526	28666	
27260	27570	27844	27915	28020	28333	28401	28528	28669	
27262	27573	27845	27919	28032	28334	28422	28529	28670	
27263	27576	27846	27922	28034	28338	28430	28530	28675	
27288	27577	27847	27923	28040	28339	28431	28531	28679	
27291	27582	27849	27924	28043	28340	28432	28537	28681	
	27584	27850	27925	28072	28342	28434	28538	28685	
27305	27589	27851	27926	28073	28343	28435	28551		
27306		27852	27928	28076	28345	28438	28552	28702	
27311	27601	27853	27932	28077	28349	28439	28553	28705	
27314		27855	27935	28083	28350	28441	28554	28708	
27341	27701	27856	27937	28089	28351	28444	28555	28710	
27342		27857	27938		28352	28447	28556	28714	
27343	27801	27860	27941	28101	28356	28448	28557	28725	
27360	27803	27862	27942	28102	28357	28450	28560	28726	
27371	27804	27863	27944	28114	28358	28452	28570	28733	
27379	27805	27864	27946	28119	28360	28456	28572	28734	
	27806	27866	27947	28127	28362	28457	28573	28735	
27401	27807	27869	27950	28128	28363	28458	28577	28743	
27403	27809	27870	27953	28135	28364	28462	28580	28746	

BLOOD LEAD ANALYSIS

NC Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive P.O. Box 28047 Raleigh, NC 27611-8047

Patient Information	[1] Last Name																Attach Approved Printed Label Below																										
	First Name											MI																															
	[2] Address																																										
	Address																																										
	City											[3] County				State			Zip Code																								
	[4] Local Pt. ID											SSN				[5] Date of Birth (MM/DD/CCYY)																											
[6] Medicaid Client	<input type="checkbox"/> Yes												[7] Dx Code/ICD																														
If yes, enter #		<input type="checkbox"/> No																																									
[8] Race (mark all that apply)										[9] Ethnicity					[10] Sex					[11] Other (mark all that apply)																							
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native										<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown					<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Refugee (up to 16 years of age, see definition below) <input type="checkbox"/> Child (up to 6 years of age) <input type="checkbox"/> <input type="checkbox"/> WIC Patient																							
<input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Isles																																											
<input type="checkbox"/> Asian <input type="checkbox"/> Unknown																																											
Specimen	[12] ESSENTIAL SPECIMEN DATA															[13] EIN / Federal Tax Number																											
	Date Collected (MM/DD/CCYY) <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>															<input type="checkbox"/> - <input type="checkbox"/>																											
	<input type="checkbox"/> Microtainer <input type="checkbox"/> Venous															EIN / Federal Tax Number, including letter suffix (if assigned), that is registered with the State Laboratory of Public Health MUST be included for specimen to be processed. Name _____																											
	<input type="checkbox"/> Initial blood lead test <input type="checkbox"/> Follow-up blood lead test															LAB <u>Lab Use Only</u> Bar Code																											
															<input type="checkbox"/> Specimen Missing <input type="checkbox"/> Submitter info not provided Unsat Code _____																												

INSTRUCTIONS

PURPOSE: To identify children up to 6 years of age with elevated blood lead levels.

PREPARATION OF SPECIMEN: Collect specimen following instructions in "SCOPE, A Guide to Services" on our website at <http://slph.ncpublichealth.com>, using recommended collection kits. Label each tube with patient's name and date of birth; refrigerate until shipped. Fill out this form and mail in appropriate mailer with the specimen to the State Laboratory of Public Health. Do not send without patient information on specimen or without a form.

PREPARATION OF FORM: Do Not Photocopy. Forms must be printed on plain white paper from our website at <http://slph.ncpublichealth.com>. For optimum accuracy, please print in capital letters and avoid contact with the edge of the boxes.

- [1] Enter patient's name, last name, first name and middle initial. Only approved labels may be used as an alternative.
- [2] Enter patient's **home** address on lines immediately below. This information is required for epidemiologic follow-up.
- [3] Enter county of residence of the patient (Health Departments use county code).
- [4] Enter patient number (SSN or other unique number).
- [5] Enter date of birth (not age).
- [6] Indicate if patient is a Medicaid client; if yes, enter Medicaid number.
- [7] Enter Diagnosis Code or ICD-9 Code number.
- [8], [9] and [10]. Indicate race, Hispanic ethnicity, and sex by checking the appropriate box. These data are for statistical purposes only.
- [11] Indicate if patient is a Refugee, Child, Prenatal or a WIC client.
- [12] Enter date the specimen is collected, Microtainer or Venous sample and Initial or Follow-up test.
- [13] Enter submitter federal tax number (EIN), including letter suffix (if assigned), that is registered with the State Laboratory of Public Health.

Refugee – person up to 16 years of age who has had to flee his/her country because of a well-founded fear of persecution for race, religion, nationality, political opinion or membership in a particular social group; most likely he/she cannot or are afraid to return to his/her homeland. Refugee is a legal and documented immigration status in the United States.

DISPOSITION: This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.