



**Allegheny County Health Department**

**Lead Testing Record**

*To be filled out by parent or guardian*

Student first and last name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: PA Zip code: \_\_\_\_-\_\_\_\_

Parent or guardian name: \_\_\_\_\_

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*To be filled out by health care provider*

Date of most recent lead test: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_

**Signature** (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, health department staff)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If exemption is requested, please fill out back of form.**

**Other acceptable proof of testing: any written statement by the child's health care provider.**

**Allegheny County Health Department**

**Statement of Exemption to Lead Testing Regulation**

*To be filled out by parent or guardian*

Student first and last name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: PA Zip code: \_\_\_\_\_ - \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

**Religious or Strong Moral/ Ethical Conviction Exemption**

State your reason/s for requesting this exemption (required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
(Parent or guardian)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*To be filled out by health care provider*

**Medical Exemption**

The physical condition of the above-named child is such that blood lead testing may be detrimental to his/her health.

Signed \_\_\_\_\_  
(Physician)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_