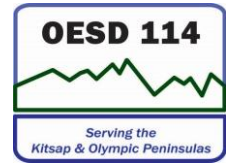




**Olympic Educational Service District 114**  
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**CHILD BLOOD LEAD LEVEL AND ANEMIA TEST RESULTS**

Dear Health Care Provider,

Our program is required to track the following EPSDT lab results for all enrolled children.

Please provide information on Lead Level and/or Anemia testing completed during the following well child exam:

- 12 month exam
- 24 month exam
- 36 month-72 month exam

**Child Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- Received a blood lead test on \_\_\_\_\_ with a result of \_\_\_\_\_ mg/dl
- Blood lead testing is not recommended
- Received an anemia test on \_\_\_\_\_ with a result of \_\_\_\_\_ hct or \_\_\_\_\_ hgb
- Anemia testing is not recommended

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for a mutual exchange of information between my child's health care provider \_\_\_\_\_ and OESD 114 Head Start/Early Head Start/ECEAP concerning my child's health status. Information may be exchanged via phone, fax, e-mail or land mail.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Centers for Medicare and Medicaid Services classifies lead screening as a required laboratory test for all Medicaid eligible children at 12 and 24 months of age. If not previously tested, all children between 36 and 72 months of age must receive a lead screening blood test.*

*This is a federal Medicaid requirement and is mandated for children in Head Start and Early Head Start are mandating that all Head Start grantees assure that all Medicaid eligible children receive a lead screening blood test. Risk assessment via paper screening does not meet this federal mandate.*