**OPT OUT FORM - ELEVATED BLOOD LEAD LEVEL TESTING**

If a parent(s) chooses ***NOT*** to have their child(ren) tested for elevated blood lead levels,

the physician must document this information in the electronic medical record of the child.

If the physician does not maintain electronic medical records, this document is to be kept in the child’s paper medical record.

[Image result for check box](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi6gqTPhtPXAhUH2hoKHRtjAsEQjRwIBw&url=https://www.freepik.com/free-photos-vectors/checkbox&psig=AOvVaw2IXZSrlWYN6nYQQ901bFmP&ust=1511469976357622) **I choose not to have my child tested for an elevated blood lead level.**

I understand that by not testing my child’s blood, neither I, nor my physician, will know if my child has an elevated blood lead level. I understand that young children exposed to lead often look and act healthy, demonstrating no outward signs or symptoms to illness. I understand that young children are especially vulnerable to lead exposure due to their normal developmental behaviors (for example, orally ingesting lead paint and dust) and lead can accumulate in their bodies over time. I understand that an elevated blood lead level can negatively affect my child’s neurological and behavioral development, including speech and language development, memory and learning, hearing, self-regulation and control, muscle motor skills, and coordination, and can result in increased impulsivity and aggression. If high enough, lead exposure could lead to convulsions, coma, and even death.

My physician has reviewed the risks associated with my child having an elevated blood lead with me.

I understand that I may reverse my decision at any time and have my child tested for elevated blood lead levels through a simple test.

[Image result for check box](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi6gqTPhtPXAhUH2hoKHRtjAsEQjRwIBw&url=https://www.freepik.com/free-photos-vectors/checkbox&psig=AOvVaw2IXZSrlWYN6nYQQ901bFmP&ust=1511469976357622) **As the attending physician, I hereby certify that blood lead level testing may be detrimental to this patient’s health. I acknowledge that this exemption shall only exist for the length of time that I believe testing would be detrimental to the child.**

**BELOW ONLY TO BE FILLED OUT IN THE EVENT THE PHYSICIAN DOES NOT MAINTAIN ELECTRONIC MEDICAL RECORDS**

DATE:

|  |  |
| --- | --- |
| Patient Name (print) | |
| Parent/Guardian Name (print) | Parent/Guardian Signature |
| Attending Physician Name (print) | Attending Physician Signature |
| Witness Name (print) | Witness Signature |