



HARMONY HEALTH PLAN
LEAD RISK ASSESSMENT
EPSDT Program

Lead Risk Assessment Questions

Does this child:

1. Live in or often visit a house/apartment that may have been built before 1978?
2. Live in or often visit a house/apartment that is being remodeled or is having paint removed?
3. Live with or often visit another child that has or had an elevated blood lead level?
4. Live with anyone that works at a job where lead may be found or has a hobby that uses lead?
5. Chew on or eat non-food items like paint chips or dirt?
6. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
7. Receive medicines such as *greta*, *azarcon*, *kohl*, or *pay-loo-ah*?

**Any 'yes' answer indicates the child is High Risk and should have a blood lead test. NOTE: all children ages 12mths and 24mths must have a blood lead test.*