



HOUSEHOLD EBL SURVEY

Head of Household Name: _____

Social Security Number: _____

Please answer the following questions.

YES NO

- Do you have children under 18 years of age residing in your household?
If NO, stop and sign below. If YES, continue.
- Do you have children under 6 years of age residing in your household?
If NO, stop and sign below. If YES, continue.
- Has any child under the age of 6 years been tested for lead poisoning?
If NO, stop and sign below. If YES, continue.
- Has any tested child been identified as positive for an elevated blood lead level?
If NO, stop and sign below. If YES, continue.

Please list all household members under age 6 with an elevated blood lead level.

	Full Name	Male or Female	Date of Birth	Social Security No.	Blood Test Date	Place Tested
1.						
2.						
3.						
4.						
5.						
6.						

Head of Household _____
Signature Date

Address _____
Street City Phone