

TO BE COMPLETED BY PATIENT

REPORT OF BLOOD-LEAD TEST

The Washington State Occupational Blood Lead Registry is maintained in order to increase awareness about lead exposure and its health effects among employees and employers.

*** **All information in the registry is strictly confidential** ***

To the patient: Please complete this form now and return it to your doctor. If you find reading or writing difficult, ask someone for help. The information that you provide us will help us to prevent lead poisoning in Washington State workplaces. **We will not release this information to anyone without your permission.**

YOUR NAME			HOME PHONE		
First		Middle Initial	Last		() -
HOME ADDRESS					
Street		City	State	Zip	County
DATE OF BIRTH (M/D/Y) / /		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		Would you like us to send your employer information about reducing lead exposures in the workplace? (We would not release your name to your employer) <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT IS YOUR OCCUPATION?		WHAT TYPE OF BUSINESS OR INDUSTRY DO YOU WORK IN?		PLEASE CHECK ANY ACTIVITIES/ HOBBIES YOU HAVE PARTICIPATED IN DURING THE LAST SIX MONTHS	
<input type="checkbox"/> Radiator Repairer <input type="checkbox"/> Sand Blaster <input type="checkbox"/> Welder <input type="checkbox"/> Painter <input type="checkbox"/> Glass <input type="checkbox"/> Glazier <input type="checkbox"/> Grinding		<input type="checkbox"/> Battery <input type="checkbox"/> Builder <input type="checkbox"/> Checker <input type="checkbox"/> Other (state below) _____		<input type="checkbox"/> Auto Repair and Services <input type="checkbox"/> General/Heavy Construction <input type="checkbox"/> Battery Manufacturing <input type="checkbox"/> Glass Products Manufacturing <input type="checkbox"/> Chemical Manufacturing <input type="checkbox"/> Other (state below) _____	
PLEASE CHECK ANY ACTIVITIES/ HOBBIES YOU HAVE PARTICIPATED IN DURING THE LAST SIX MONTHS					
<input type="checkbox"/> Firing Range/Making Bullets <input type="checkbox"/> Making Fishing Weights <input type="checkbox"/> House Remodeling <input type="checkbox"/> Pottery <input type="checkbox"/> Stained Glass					
PLEASE DESCRIBE THE MAIN TASKS YOU PERFORM AT YOUR JOB					
1. Are you a supervisor?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did your employer ask you to get this blood test?			<input type="checkbox"/> Yes <input type="checkbox"/> No		What race are you?
3. Are any children under 6 living in your household?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian, Alaskan Native
4. Is any household member pregnant or nursing?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander race <input type="checkbox"/> Other
COMPANY NAME / TELEPHONE				COMPANY LOCATION (City)	
Name				Phone () -	

Thank you for your assistance. If you have any questions or comments, or if you would like more information on occupational lead exposure, please call our **toll-free line at (888) 667-4277**.

Please fax (preferred) this completed form to: **360-902-5672**

Or mail to: **Safety and Health Assessment and Research for Prevention (SHARP)**
PO Box 44330
Olympia WA 98504-4330

TO BE COMPLETED BY HEALTHCARE PROVIDER

The Washington State Occupational Blood Lead Registry is maintained in order to increase awareness about lead exposure and its health effects among employees and employers.

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To the provider: Please complete the portion below and ask your patient to complete the portion above. Promptly mailing this form will help our efforts to prevent occupational overexposure. It will also help us to avoid phone follow-up at a later date, which may be disruptive to you and your staff.

DATE (MM/DD/YYYY) / /		PHYSICIAN NAME First Last		TELEPHONE () -	
CLINIC/DOCTOR'S OFFICE					
ADDRESS					
Street		City	State	Zip	