

COLES COUNTY HEALTH DEPARTMENT LEAD TEST CONSENT FORM

Child's Name _____ Date of Birth _____
 Street Address _____ Phone _____
 City _____ Zip Code _____

I give my consent that a lead test is given to my child by the Coles County Health Department. I give my consent for a specimen of blood to be taken by capillary or venipuncture for laboratory testing if my child is found to be at high risk for lead poisoning according to Illinois Department of Public Health guidelines.

I understand that if a child is found to have too much lead in the blood, an investigation for lead hazards will be done in the child's home (or a home often visited by the child). Also, if the child is found to have too much lead in the blood, necessary follow-up tests will be done.

In order for us to decide how much you will be charged for the lead test, please look at the income guidelines chart below. Consider the total number of people living in your household (family size), and the total income of all those persons.

Family Size Unidad Familiar Tamaño	Annual Anual	Monthly Mensual	Twice-Monthly Dos Veces al mes	Bi-Weekly Dos veces a la semana	Weekly Semana
1	18,889	1,575	788	727	364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
Each Add'l Member Add Cada persona adicional	6,438	537	269	248	124

- How many people live in your household? _____
- Is your family's total income (choose one): _____ More than these guidelines?
 _____ Less than these guidelines?

I give my permission for Coles County Health Department to release or obtain necessary information to or from proper persons and/or agencies. The information I have given above is correct and complete to the best of my knowledge.

Signature of Parent or Guardian

Date