

血鉛檢測自願拒絕的證據

Please retain this form and include it in the patient's medical record.

家長或監護人拒絕血鉛檢測。

我確認我已了解鉛中毒對 6 個月至 6 歲兒童的嚴重和長期健康影響。我拒絕為我的孩子進行血鉛檢測。

拒絕理由： _____

孩子的姓名正楷： _____ 孩子的生日： _____

父母或監護人簽字： _____ 日期： _____

Provider use only:

- The anticipatory guidance below was provided to the parent/guardian (check box)
California Department of Public Health Anticipatory Guidance
- Check box if the parent/guardian declined to sign this Evidence of Blood Lead Testing Voluntary Refusal form.
- Check box if the parent/guardian is unable to sign this Evidence of Blood Lead Testing Voluntary Refusal form.
Reason(s) why parent/guardian is unable to sign: _____

Provider Signature/Stamp: _____ Date: _____