County of Orange Health Care Agency/Public Health Services
Childhood Lead Poisoning Prevention Program (CLPPP)
Telephone: (714) 567-6220 Fax: (714) 834-7702

Report of Elevated Blood Lead Level

If a child has a blood lead level of 4.5 mcg/dL or higher, please fax this form and a copy of laboratory report to: (714) 834-7702. Thank you for your assistance.

Date: _____ State ID (for CLPPP use only):_____

Child's Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Sex: _____ Language: _____

Address: _____
Street Apt. City Zip

Home telephone: (_____) _____ Message phone: (_____) _____

Parents: (Father) _____ (Mother) _____

BLL mcg/dL	Method	Date Drawn	Laboratory/Point of Service Provider
	venous /capillary		
	venous /capillary		

Possible source of exposure: _____

Source of payment for test (please ✓ box): ☐ CHDP ☐ Medi-Cal (CalOptima)
☐ Private insurance (name) _____ ☐ Other (explain)_____

Date of P.E.:_____ Height: _____ Weight: _____ Hgb/Hct: _____

Symptoms/Problems: _____

Person taking report: _____

Name of person reporting: _____

Provider's name: _____

Provider's address: _____

Provider's telephone: (_____) _____ Provider's fax: (_____) _____