



FAMILY NOTIFICATION OF LEAD BASED PAINT

1. Have your children UNDER 6 YEARS OF AGE ever been tested for lead? ___ Yes ___ No

If yes, list the children's names, the date tested and the results:

Name	Date Tested	Positive	Negative

2. Do any of your children currently show symptoms of lead toxicity? ___ Yes ___ No

Symptoms Include:

- Loss of appetite
- Irritability
- Vomiting
- Slowdown on playful activity
- Slowness in development

If you suspect that your child has been exposed to lead base paint. Contact your local Board of Health District to have the child tested.

I hereby certify that the above information is correct and that I have been given a copy of HUD pamphlet #537-NVACP, reprint of June 19, 1979, which contains information regarding lead based paint, poisoning hazards, symptoms and precautions.

Signature of Head of Household or Spouse

Date