

**OKLAHOMA CHILDHOOD LEAD POISONING PREVENTION PROGRAM
2012 LEAD EXPOSURE RISK ASSESSMENT QUESTIONNAIRE (LERAQ)**

Childs Name: _____ Date of Birth: ____/____/____

Date: ____/____/____ Age: _____ Current Residential Zip Code: _____

1. Does your child have Medicaid (SoonerCare)? If yes this child must have a blood lead test at 12 and 24 months of age (or, if older than 24 months, at least one test before 6th birthday).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. Does your child live in a high risk ZIP code area? (see a list of high risk ZIPs on this form)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. Does your child live in or often visit a house or child care site with chipped or peeling paint that was built prior to 1950?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Does your child live in or often visit a house or child care site built prior to 1950 with renovation, repairs or remodeling that were done in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Does your child live in or often visit a house or child care site that has vinyl or plastic mini blinds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. Does your child have friends, siblings, house mates, or a play mate that has or did have lead poisoning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. Does your child live with an adult who has a job or hobby where lead is used? Examples would be: oil field worker, bridge painter, demolition or renovation of buildings, automobile work with batteries or radiators, lead solder, metal plating, furniture refinishing, leaded glass, lead shot or bullets and lead fishing sinkers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
8. Is your child given any home or folk remedies or cosmetics such as imported items called Greta, Azarcon, Rudea, Kohl or does your child eat food cooked in or served from pottery made outside the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
9. Does your child chew on or mouth trinket jewelry or toys found in vending machines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>

HIGH RISK ZIP CODES

- 73106 73108 73111 73119 73521 74104 74110 74127 74401 74447
 73107 73109 73117 73129 73701 74106 74115 74354 74403 74631
 74848

**Lead Poisoning Prevention Program
Screening and Special Services
Oklahoma State Department of Health
1000 NE 10th Street**

**Telephone: (405) 271-6617 Toll Free:
1-800-766-2223**

Purpose: The LERAQ is to be used to screen for possible lead exposure in children 6 -72 months of age.
Use: This assessment may be administered by medical staff or teacher, or completed by the child's parent or guardian.
Any "Yes" or "don't know" answer is considered a positive answer thus requires the child to have a blood lead test.

According to OCLPPP Case Management Guidelines, if a child has a blood lead test <5 ug/dl, reassess with the LERAQ in 1 year. No additional testing is necessary unless an exposure risk change has occurred. This Guideline does not supersede the federal CMS requirement that children enrolled in SoonerCare receive a blood lead test at 12 and 24 months of age as defined in the Child Health Check Up, also known as Early and Periodic Screening; Diagnosis and Treatment (EPSDT). Routing and Filing: Retain this record in the child's record to review annually.