Childhood Lead Poisoning Prevention Questionnaire

PARENT OR GUARDIAN: This is a survey to help determine your child's risk for lead poisoning. Please answer these questions below. Complete one survey for each child		
Child's Name:	Age:	Zip code:
1. Does your child live in, or spend a lot of time in a place to peel 0 0 11.04 27 698.79445 0 Td(a)-1.8(s)5(tim)22)T9 -0.0 212 a√wd ia€d 609-1.11d [