

Subject ID:

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Date:

		/			/		
Month			Day			Year	

Child / Participant Contact Information:

First Name*: _____ Middle Name (or initial): _____

Last Name*: _____ Birthdate: _____

Sex (please circle):

Insurance:

Female – Male – prefer not to answer
answer

Private - Government - none - prefer not to

Ethnicity: Hispanic/Latino Not Hispanic/Latino Unknown Prefer not to answer

Race (mark all that apply):

White

Black/African American

Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Unknown

~~Prefer not to answer~~

Current Home Address: _____

Home Zip Code: _____

Home Phone#:

Cell / Mobile Phone#:

How long has child lived in current home?

In what country was your child born?

Parent/Guardian Contact Information:

First name:

Last name:

Home phone number:

Cell / Mobile phone number:

Subject ID: Date: / /
Month Day Year

Height: inches

Weight: lbs

Lead g/dL

Hemoglobin ug/dL

Date: _____ (MM/DD/YYYY)

Date: _____ (MM/DD/YYYY)

Vision Screening: Y or N - OD: ___ / ___ - OS: ___ / ___ - Date: _____ (MM/DD/YYYY)

COMMENTS

Form Completed By: _____ Date: _____

The public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-****)