

GOVERNMENT OF THE DISTRICT OF COLUMBIA

District Department of the Environment



**Certificate of Testing for Lead Poisoning**

For Residents of the District of Columbia

I, \_\_\_\_\_, certify that this child: \_\_\_\_\_,  
(Provider's Name) (Child's Name)

received a blood lead test. Specifics follow below:

Test Result (in micrograms per deciliter): \_\_\_\_\_

Date of Test: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

The test was conducted by the following provider or lab: \_\_\_\_\_

Provider Address:

Provider Phone:

Provider Signature:

