

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Energy and 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:

Date of Test: _____

Test Result (in micrograms per deciliter): _____ (venous or capillary)
(circle one)

The test was conducted by the following medical practice, facility or laboratory:

Child's Date of Birth: _____

Child's Address: _____

Provider Address: _____

Provider Phone: _____

Provider Signature: _____