

## Childhood Lead Poisoning Prevention Branch Provider Attestation

A provider's office shall attest to follow the Childhood Lead Poisoning Prevention Branch guidelines when conducting blood lead screening tests, interpreting blood lead levels and determining appropriate follow-up activities.

ATTESTATION: I, \_\_\_\_\_ attest to follow the Childhood Lead Poisoning Prevention Branch guidelines<sup>1</sup> when conducting blood lead screening tests, interpreting blood lead levels and determining appropriate follow-up activities.

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Provider Signature

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Date

<sup>1</sup> See the California Management Guidelines on Childhood Lead Poisoning for Health Care Providers publication, available at <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx>.