



**Evidence of Blood Lead Testing | Early Childhood**  
(Receipt of Test must be completed by a Healthcare Professional)

Missouri Revised Statute 701.344 requires early childcare and education programs in areas at high-risk for lead poisoning to obtain annual proof of lead testing for all children less than six years of age who are enrolled in the facility.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Receipt of Test

This child received a venous/capillary blood lead test on: \_\_\_\_\_ (Date)  
(Circle One)

The test was administered by: \_\_\_\_\_ (Signature of Medical Provider)

Medical Provider Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

Refusal of Test

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children under the age of six years. I object to my child being blood tested in order to determine if they are lead poisoned.

Reason for Refusal: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

\*Please upload a copy of this form to your student's Magnus Health account on the Parent Portal\*