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Director

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Lt. Governor

CERTIFICATE OF BLOOD LEAD TESTING EXEMPTION FOR RELIGIOUS REASONS

Child's Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

We want you to understand some facts prior to signing this religious exemption form.

First, lead poisoning affects 1 in 14 Iowa children. This is four times the national average. Lead poisoning is usually caused by lead-based paint found in homes built before 1960.

Second, most children with lead poisoning do not look sick. Lead-poisoned children may be easily excited, have problems paying attention, complain of stomach aches and headaches, or be more tired than usual.

Finally, if your child is lead-poisoned, it is important to know about it as soon as possible to minimize the effect on your child. If you have questions or want additional information about the risks of lead exposure, please call the Iowa Department of Public Health at 800-972-2026.

I have been told about the importance of having my child tested for lead poisoning. I have read and fully understand the above facts. I hereby release, waive, discharge, and covenant not to sue my child's health care provider, the Iowa Department of Public Health, and the state of Iowa, and all employees, officials, staff, agents, and volunteers of these entities and agencies for any liability, claim, and/or cause of action arising out of my refusal to have my child tested for lead poisoning or arising out of any loss, damage, injury, or illness that occurs as a result of the fact that my child was not tested for lead poisoning.

The religious exemption from blood lead testing does not relieve a parent from an obligation to provide necessary medical treatment for a sick or injured child. Be advised that mandated reporters have a legal duty to report your child as neglected if they have reason to believe the child is being deprived of necessary medical treatment.

A religious exemption may be granted to an applicant or transfer student if the blood lead testing conflicts with a genuine and sincere religious belief. The certificate of blood lead testing exemption for religious reasons shall be signed and dated by the applicant's or transfer student's parent or guardian and shall attest that the belief is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to blood lead testing. The certificate is valid only when notarized.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Parent or Guardian

State of: \_\_\_\_\_ County of: \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_,
Date

by \_\_\_\_\_,
Name(s) of Person(s)

Seal or Stamp

Signature of Notary Public: \_\_\_\_\_

Title (or Rank for Military Personnel): \_\_\_\_\_

This form will initially be filed with your child's school, and the school may forward the form to the Iowa Department of Public Health.