



VERIFICATION OF LEAD/HEMO INFORMATION

CHILD'S NAME _____

DATE OF BIRTH _____

LEAD/HEMO TEST DATE _____

RESULTS:

LEAD: _____ Hemo: _____

VERIFIED PER _____

HEAD START STAFF _____

DATE _____



VERIFICATION OF LEAD/HEMO INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

LEAD/HEMO TEST DATE: _____

RESULTS:

LEAD: _____ Hemo: _____

VERIFIED PER

HEAD START STAFF _____

DATE _____