

lowa Department of Public Health Promoting and Protecting the Health of Iowans

Thomas Newton, MPP, REHS Director

Chester J. Culver Governor

Patty Judge Lt. Governor

Child's Name:	First:		Date of Birth:
We want you to under	rstand some facts prior to signing	this religious exemption forn	n.
lead-based paint foun- before 1960. Your ch also be caused by eati	d in homes built before 1960. Al ild could be lead-poisoned from s ing non-food items such as dirt, l	oout 60% of the homes in Iov spending any time in a buildin by playing with toys or wearin	erage. Lead poisoning is usually caused by va, both in urban and rural areas, were built g built before 1960. Lead poisoning can g jewelry manufactured outside the United ntral America, or southeast Asia.
paying attention, com learning problems who only way to tell if your	plain of stomach aches and head en they start school. Children wi	aches, or be more tired than th very high lead levels may he their blood tested. Your refu	may be easily excited, have problems usual. Lead-poisoned children may have have severe brain damage or even die. The usal to allow your child to receive a blood ment, and school achievement.
	want additional information abo		sible to minimize the effect on your child. If please call the Iowa Department of Public
facts. I hereby releas Public Health, and the any liability, claim, and	e, waive, discharge, and covenar state of Iowa, and all employee d/or cause of action arising out o	nt not to sue my child's health s, officials, staff, agents, and f my refusal to have my child	I have read and fully understand the above care provider, the Iowa Department of volunteers of these entities and agencies for tested for lead poisoning or arising out of vas not tested for lead poisoning.
treatment for a sick or		nandated reporters have a leg	bligation to provide necessary medical gal duty to report your child as neglected if ent.
sincere religious belief applicant's or transfer	The certificate of blood lead to student's parent or guardian and	sting exemption for religious I shall attest that the belief is	d lead testing conflicts with a genuine and reasons shall be signed and dated by the in fact religious and not based merely on The certificate is valid only when
Signature:	Parent or Guardian	Date:	
	raicht or dauraidh		
This instrument was a	cknowledged before me on		
bv		Date	
Name(s) of Person(s)	- -	Seal or Stamp
Signature of Notary Pu	ublic:		sear of stamp
Title (or Rank for Milit	ary 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.