Blackfeet Early Childhood Center

Lead &Hemoglobin/Hematocrit Screening Form

Dear: Parent/Legal Guardian,

Your child received lead & hgb/hct screening on _____ at the Blackfeet Early Childhood Center with the following results and recommendations.

Childs Name: _____

Date of Birth: _____

Lead Teacher/Room: _____

Health Professional/Agency: _____

Screening Results: Lead _____

Hgb/Hct _____

Comments: _____

If you have any questions or concerns, please contact (406) 338-7370 ext. 2433 Tisha Little Plume 0-3 Health Coordinator, ext.2208 Aubrey Ground 3-5 Health Coordinator, or the Health professional.