

INSTRUCTIONS TO FILL OUT AND SUBMIT A CERTIFICATE OF RELIGIOUS EXEMPTION FOR BLOOD LEAD TESTING

BEFORE you complete the Certificate of Religious Exemption for Blood Lead Testing on the second page, read the requirements listed on the form to make sure your child meets those requirements. If your child does not meet the requirements for a religious exemption, **DO NOT COMPLETE** the Certificate of Religious Exemption for Blood Lead Testing.

If your child does meet the requirements for a religious exemption, read the instructions below for completing and submitting the certificate.

The religious exemption certificate has two sections:

1. Name of the child and date of birth
2. Parent or legal guardian information (Name, address, signature, and date of the application)

INSTRUCTIONS: Fill out your child's section and yours by printing each of the lines clearly and applying the parent/ guardian's signature. Submit a copy of the certificate to your child's school and to the following address:

Lucas State Office Building
Iowa Department of Health and Human Services
Attn: Childhood Lead Poisoning Prevention Program
321 East. 12 St.
Des Moines, IA 50319

The Department will add the name of your child to the list of children who have received the certificate of Religious Exemption for Blood Lead Testing.

IMPORTANT: Please provide the exact last, first and middle name, and the date of birth of your child, as you did or will do at your child's school. If you misspell their name or date of birth on, the school registration or in this certificate, your child may not be found in our records and you may be asked to have your child tested.

If you have questions or concerns, please email us at amanda.beckett@hhs.iowa.gov or reach us by phone at (800) 972-2026.



CERTIFICATE OF RELIGIOUS EXEMPTION FOR BLOOD LEAD TESTING

Child Name (Print):

Last Name

First Name

Middle Name

Date of Birth:

A religious exemption may be granted to an applicant only if a blood lead test conflicts with a genuine and sincere religious belief. A Certificate of a Blood Lead Test Exemption for religious reasons shall be signed by the minor's parent or guardian or legally authorized representative. By signing this certificate, you are attesting that the blood lead testing conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to the blood lead testing.

I, the parent or guardian of the above-named child, understand the causes and consequences of lead poisoning in children. I understand that the only way to know if my child is lead-poisoned is to have his or her blood tested. I understand my refusal to allow my child to be tested for lead poisoning could have significant consequences for my child's future development. I understand a child granted a religious exemption could experience lead poisoning if exposed to lead.

By signing this form, I acknowledge the information above and the resources available at the Iowa Department of Health and Human Services on blood lead testing.

Name (Print):

Parent or Legal Guardian

Address:

House/Apt. No.

Street

City

Zip Code

Signature:

Date:

Parent or Legal Guardian

Email address: