| LEAD RISK ASSESSMENT FOR PREGNANT/BREASTFEEDING WOMEN | | | |
|---|--|---|---|
| 1 | Have you ever spent more than 2 years in Mexico, China, India, Philippines, Dominican Republic, Peru, Russia, Zambia, Yemen, Iraq, North Korea, Afghanistan, Nigeria, Senegal, Bulgaria, Macedonia, Romania, or Poland? (If YES, please circle each country) | Υ | N |
| 2 | Have you or your significant other ever been identified as a person with high lead exposure during a deployment which required blood lead testing? | Y | N |
| 3 | Are/have you or your significant other ever been identified as a person with high lead exposure in your current/former job which required blood lead testing? <i>If 58 RQS CATM & Security Forces CATM mark YES</i> (examples: target shooting and ranges, police, hunter, home repairs/painting with older homes before 1978, lead pottery maker, battery recycling, demolition, radiator repair, plumbing, metal production, heavy-metal/battery recycling, or lead soldering) | Υ | N |
| 4 | Do you or your significant other participate in regular (more than 10 hours per week) high lead exposure hobbies? (examples: target shooting, hunting/fishing, home repairs/painting with older homes before 1978, lead pottery/ceramics/stained glass making, lead-based printing) | Y | N |
| 3a/ 4a | If yes to question 3 or 4 please answer the following questions. Did the person: (1) Change out of work clothes and shoes from workplace before going home? (2) Shower or use soap and water to wash hands and face (3) Place work clothes in plastic bag to wash at home separately from other clothes per OSHA guidelines | Y | N |
| 5 | Do you live close to a lead mine, smelter, or battery recycling plant? | Υ | N |
| 6 | Have you lived in base housing where there was known or expected lead exposure? If so, please list base: | Υ | N |
| 7 | In the past 12 months have you used any imported health remedies, spices, foods, lead-based ceramics or alternative cosmetics such as azarcon, kohl, kajal, or surma? | Υ | N |
| 8 | During your pregnancy have you eaten, chewed or mouthed any nonfood items such as dirt, clay, crushed pottery or paint chips? | Y | N |
| 9 | In the past 12 months have you had any repairs or renovation work in your home or apartment building that's older than 1978 with ongoing renovations that create dust? | Υ | N |
| 10 | Are you living with someone with an identified elevated lead level? | Y | N |

Resources

Guidelines for the identification and management of lead exposure in pregnant and lactating women. Centers for Disease Control and Prevention. 2010

Lead screening during pregnancy and lactation. Committee Opinion No. 533. American College of Obstetricians and Gynecologists. 2012 (Reaffirmed 2016)

Last Updated: July 2021