

預先指導與血鉛檢測拒絕表

Provider instructions: Please have the parent or guardian review and sign the information below. Complete the bottom portion and retain this form in the patient's medical record.

家長或監護人拒絕接受血鉛檢測：

本人確認，本人知曉鉛中毒會給 6 月齡到 6 歲之間的孩子帶來嚴重的長期健康影響。本人了解，血鉛檢測是確認本人的子女是否接觸過鉛的唯一途徑。本人拒絕讓子女接受血鉛檢測。

拒絕原因：_____

以正楷填寫子女姓名：_____ 子女出生日期：_____

家長或監護人簽名：_____ 日期：_____

如果您有任何疑問，請致電**1-714-246-8500**或免費專線**1-888-587-8088**（語言和聽力障礙人士請致電**711**）聯絡CalOptima Health客戶服務部門，服務時間為週一至週五上午8點至下午5:30。我們擁有會講您的語言的工作人員。請造訪我們的網站**www.caloptima.org**。加州Medi-Cal管理式醫療「監察員辦公室」可幫助解決您的任何疑問。您可以致電**1-888-452-8609**與其聯絡。

僅供醫療服務者填寫：

Provider use only:

Anticipatory guidance:

- Check box if verbal or written anticipatory guidance was provided to the parent or guardian. For more information, visit: [California Department of Public Health Anticipatory Guidance](#).

If parent or guardian signature is withheld:

Check box if the parent or guardian declined to sign this Anticipatory Guidance and Blood Lead Refusal form.

Check box if the parent or guardian is unable to sign this Anticipatory Guidance and Blood Lead Refusal form.

Reason(s) why parent or guardian is unable to sign: _____

Provider Signature or Stamp: _____ Date: _____