



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

BEFORE you complete the Certificate of Religious Exemption for Blood Lead Testing in the second page, read the requirements on it to make sure your child meets such requirements. If he/she does not meet them, **DO NOT COMPLETE** the Religious Certificate Exemption for Blood Lead Testing.

If he/she does, read the instructions below to complete and submit the certificate.

This exemption certificate has three sections:

1. Name of the child and date of birth
2. Parent or legal guardian information (Name, address, signature, and date of the application)
3. Notary Public information (State and county, date, solicitant name, notary public signature, title, and commission expiration date)

INSTRUCTIONS: Fill out your child's section and yours by printing each of the lines clearly. Have a Notary Public fill out their section with their respective stamp/seal. Once it is notarized, submit a copy of the certificate to your child's school and to the following address:

Lucas State Office Building
Iowa Department of Public Health
Attn: Rossany Brugger (5th floor)
321 East. 12 St.
Des Moines, IA 50319

IDPH will add the name of your child to IDPH's data base of children who received the Exemption of Blood Lead Testing for Religious reasons.

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 at either, 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 contact Rossany.brugger@idph.iowa.gov or call at (515) 281-3225 or at (800) 972-2026.



Iowa Department of Public Health Certificate of Religious Exemption for Blood Lead Testi

Child Name

Last: _____ First: _____ Middle: _____ Date of Birth: _____
School name: _____ School district/building #: _____

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 Public Health 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: _____

A Certificate of Very Low Risk Exemption is valid only when signed and sealed by a notary public.

State of _____ County of _____

This document was acknowledged before me on _____
Date

by _____
Name(s) of Person(s)

Notary Stamp or Seal

Signature of Notary Public: _____

Title (or Rank for Military Personnel): _____

My commission expires: _____