

**Hancock County Schools
Preschool Hemoglobin & Lead Screening Results**

PHYSICIAN: PLEASE RETAIN THIS FORM UNTIL RESULTS ARE OBTAINED

Child's name:	DOB:
Parent's name:	School District:

Hemoglobin Results: _____

Comments: _____

Lead Results: _____

Comments: _____

*Physician's Signature:	*Date of Exam:
Physician's Name:	Phone #:
Address:	
City/State/Zip:	

PHYSICIAN: PLEASE SEND LEAD SCREENING RESULTS TO:

**HANCOCK COUNTY ESC
ATTN: DONNA LOSIEWICZ, PRESCHOOL SUPERVISOR
7746 CR 140
FINDLAY OH 45840
PHONE 419-422-7525
FAX 419-422-8766**