



Department of Health

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[www.health.ri.gov](http://www.health.ri.gov)

## LEAD SCREENING EXEMPTION FORM

I object to having my child \_\_\_\_\_ DOB : \_\_\_\_\_  
(Name)  
receive lead poisoning screening as required under Chapter 24.6 of the Rhode Island  
General Laws because of my religious beliefs, which are as follows:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Day Care  
Provider : \_\_\_\_\_