

URGENT: MEDICAL NOTIFICATION

Date: [Insert Date]

To the Parent/Guardian of: [Child's Full Name]

Date of Birth: [Child's DOB]

Dear [Parent/Guardian Name],

This letter is to inform you that your child's lead screening test performed on [Date of Test] has returned a **critically high result** of [Result Value] $\mu\text{g/dL}$.

Any blood lead level above the reference value is a serious health concern. Because this result is in the critical range, immediate action is required to protect your child's health and development.

REQUIRED ACTIONS:

- **Contact your Pediatrician immediately:** Call [Doctor's Name/Clinic] at [Phone Number] today. If it is after hours, please seek care at the nearest Pediatric Emergency Room.
- **Follow-up Testing:** Your child requires a venous blood draw (from the arm) to confirm this level as soon as possible.
- **Identify the Source:** Stop all exposure to potential lead sources, such as peeling paint in older homes, contaminated soil, or certain imported toys and spices.

Lead poisoning can affect a child's brain development, behavior, and hearing, often without showing immediate symptoms. Medical intervention and environmental investigation are necessary at this level.

A representative from the [Local Health Department] may contact you to assist with a home inspection and provide resources for lead abatement.

Please do not delay in seeking medical attention for your child.

Sincerely,

[Your Name/Signature]

[Clinic/Organization Name]

[Contact Phone Number]