Iowa Department of Public Health CONFIDENTIAL Status: Confirmed
Suspect
Exposure ☐ Probable ☐ Not a case Agency: Reviewer initials: Investigator: **Phone number:** Referred to another state: CASE Date of Birth: Estimated? Age: Last name: First and middle ☐ Female ☐ Male ☐ Other name: Gender: Est. delivery Pregnant: ☐ Yes ☐ No ☐ Unk Suffix: Maiden name: date: ☐ Separated ☐ Single ☐ Married Marital Address line: status: □ Divorced ☐ Parent with partner ☐ Widowed ☐ American Indian or Alaskan Native Unknown Zip: _____ City: Black or African American White Race: ☐ Hawaiian or Pacific Islander ☐ Asian State: County: Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown Type: ___ Parent/Guardian Long-term care name: Parent/Guardian Facility name: phone: Type: EVENT Onset Diagnosis date: date: Last name: ☐ Survived this illness ☐ Died from this illness Event outcome: Healthcare provider information ☐ Died unrelated to this illness ☐ Unknown First name: ☐ MD ARNP Outbreak ☐ Yes ☐ No ☐ Unknown Provider title: □ DO ☐ PA related: Outbreak name: Facility name: Exposure setting: Address line 1: Epi-linked: Yes No Unk To whom: _ Address line 2: ☐ In USA, in reporting state ☐ In USA, outside reporting state acquired: City: Outside USA □ Unknown County: State: Country: LABORATORY FINDINGS Laboratory: Accession #: Collection date: Date received: Specimen source: Blood Urine Result type: ☐ Preliminary ☐ Final Test Type: Test Result: High ☐ Out of Range Result: Percent: Result date: ☐ Low ☐ See Notes Laboratory: Accession #: Collection date: Date received: / Specimen source:

Blood

Urine ☐ Preliminary ☐ Final Result type: Test Type: Test Result: ☐ Out of Range Result: ☐ See Notes Percent: Result date: □ Low Collection date: Laboratory: Accession #: / / Date received: Specimen source: Blood Urine Result type: ☐ Preliminary ☐ Final Test Type: Test Result: ☐ Out of Range High Result: Percent: Result date: ☐ Low ☐ See Notes

Fax: 515-281-4529

OCCUPATIONS

Is the case employed, enrolled in school, or attending a child care facility? Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'
(Complete the following sections for each known occupation)

	Occupation #1:				J	ob title:						
	Worked after					/ name:						
_	symptom onset:	☐ Yes	☐ No	Unknowr		ddress:						
Di	ate worked from:	/	/									
	Date worked to:	/	/		Zi	p code:						
	Removed from duties:	☐ Yes	□No	☐ Unknowr	1	City:		State:		Count	y:	
	Date removed:	,	,			Phone:	()	Type:				
	Han	dle food:	Yes	□ No □] Unknown		Work in a health care		☐ Yes	□No	Unknown	
A	ttend or provide ch		Yes		Unknown		Direct patient care		□ V			
	Work in a lat	d school:	☐ Yes] Unknown] Unknown		lab or health care Health care worl		☐ Yes	☐ No	Unknown	
	- TVOIN III G IGI	o coung.					- Tiodiii odio won	itor typo.				
	Occupation #2:				J	ob title:						
	Worked after			_		/ name:						
_	symptom onset:	☐ Yes	☐ No	☐ Unknowr								
Da	ate worked from:	/	/		A	ddress:						
	Date worked to:	/	/		Zi	p code:						
	Removed from duties:	☐ Yes	No	□ Unknowr	,	City:		State:		Count	v.	
	Date removed:			OTIKITOWI		Phone:		State.		Count	y.	
	Han	dle food:	/ Yes	□ No □	Unknown			Type:	Yes	□ No	Unknown	
A	וומח ttend or provide ch		Yes] Unknown		Work in a health care Direct patient care	•	□ res		☐ OHKHOWH	
'`	•	d school:	Yes] Unknown		lab or health care		☐ Yes	☐ No	Unknown	
	Work in a lab	b setting:	☐ Yes	□ No □] Unknown		Health care worl	ker type:				
Н	OSPITALIZATION	IS										
	OSPITALIZATION as the case hosp		☐ Yes [□ No □ Un	known							
	as the case hosp	italized?		□ No □ Un		d at entry	:] Unk	Isolation ty	/pe (entry)	:	
W	as the case hosp	italized?			Isolate	•		_		ype (entry)	'	
W	Hospital: Admission date:	italized?	/		Isolate Disch	arge date	://	_			'	
C	Hospital: Admission date:	/ Yes	/ No [Isolate	arge date	://	_			'	
C	Hospital: Admission date: currently isolated:	/ Yes	/	□ Unk	Isolate Dischi Current isola	arge date	:		Days ho	ospitalized	:	
C	Hospital: Admission date: currently isolated: LINICAL INFO & D Reporting source	/ Yes DIAGNOS ce: [/ No [□ Unk tory	Isolate Dischi Current isola	arge date	:	_	Days ho	ospitalized	'	
C	Hospital: Admission date: currently isolated:	/ Yes DIAGNOS ce: [/ No [□ Unk tory	Isolate Dischi Current isola	arge date	:		Days ho	ospitalized	:	
C	Hospital: Admission date: currently isolated: LINICAL INFO & D Reporting source List any pre-exist	Yes DIAGNOS ce: [sting med	/ No [Unk tory ditions:	Isolate Dischi Current isola	arge date	:	son Conti	Days ho	ospitalized	:	ess or
C	Hospital: Admission date: currently isolated: LINICAL INFO & D Reporting source	Yes DIAGNOS ce: [sting mediain	/ No [IS Labora dical cond Cognitive mpairment	Unk tory ditions:	Isolate Discha Current isola Phy Hyperkera the skin	arge date	: / / : Poi:	son Conti	Days ho	ospitalized	If diagnosis	
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CL	Hospital: Admission date: currently isolated: LINICAL INFO & E Reporting source List any pre-exist any pre-exist any pre-exist any pre-exist and parameters	Yes DIAGNOS ce: [sting mediain [[] er [/ No [IS Labora dical cond Cognitive mpairment Confusic Convuls	Unk tory ditions: e t on ion	Isolate Discher Current isola Phy Hyperkera the skin Fever Garlic odo	arge date	☐ Hyperpigmentatiof the fingernails☐ Hypotension☐ Light-headednes	on Onto	Days ho	□Se	If diagnosis Skin rednesswelling Sore throa	at
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CL CL	Hospital: Admission date: currently isolated: Reporting source List any pre-exitation and particular cance and Burning pain of sensation Carcinoma: sk tracheal, bronchogenic Chills Health Impact: What was the tim Current smoker?	Yes DIAGNOS ce: [ain [cr [cin, [] rea missed yes were used	/ No [IS Labora dical condition with the condition confusion confu	Unk tory ditions: e t on ion ition dess gia Unknown atient?	Isolate Disch: Current isola Phy Hyperkera the skin Fever Garlic odo breath Gastrointe disturbances Headache Heart arrh Hepatic hemangiosar ily activities? If no, di Yes e known Ti	arge date ation type vsician utosis of or on estinal ythmia rcoma Was e	☐ Hyperpigmentation of the fingernails ☐ Hypotension ☐ Light-headednes ☐ Liver failure ☐ Lung irritation ☐ Mee's lines (nail discoloration) ☐ Muscle aches ☐ Nausea Description	on Onti	Days ho	Sed les cal edema e or torso No ks 2-3 6 months quit:	If diagnosis Skin rednesswelling Sore throat corpalms Throat corSweakness Other: Unknown weeks > 3 > 1 year	at d skin on enstriction S

CONFIDENTIAL P	ATIENT NAME:						10	owa Depa	rtment of Public	Health
TREATMENT										
_		given or recommended nmended – not done		Self Outpatient	□ED tient □ Inpatient		□Patie	ent refused		
EXPOSURES										
Has the case been expose	ed to any of the foll	owing in the last 60	days?		Yes □ No	□Unkn	own			
<u>Complete</u>	an exposure tal	ole for each know	n exp	osure.	Attach ac	ddition	al informat	ion if ned	cessary.	
Alcohol, homemade Battery recycling Chemical Processing Cigarette or tobacco Coal-burning Computer circuit boa Contaminated air, so Dental medicine	Electronic or appliance recycling Emergency response Fossil fuels Glass manufacturing Industrial processing Laboratories Medical facilities				Metal Processing Military arsenal work Mining Pesticides Smelter Waste incinerators Wood preservatives					
Exposure	#1	<u> </u>								
Exposure	Exposure Date:	,	/ / / Free			posure Time:				
Location Home		Name of Location:	,	,		LXPOS	sure Time.			
☐ Work☐ Farm, ranch, acreage		Address:								
Orchard or GardenCommunity Building		Zip code:					Phone:		-	
Community Outdoor S Travel out of area Commercial Building	ite or Recreation	Travel location:	Т						Γ	
Unknown		Travel departure:		/ / T			Travel return: / /			
Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work Other:	ason for exposure= Work exposure or Secondary Work Category Agriculture, Forestry, Fishing and Hunting Mining, Quarrying, and Oil and Gas Extraction Utilities Construction Manufacturing Wholesale Trade Retail Trade Transportation and Warehousing Information sector Finance and Insurance					□ Real Estate and Rental and Leasing □ Professional, Scientific, and Technical □ Management of Companies and Enterprises □ Administrative and Support and Waste □ Management and Remediation Services □ Educational Services □ Health Care and Social Assistance □ Arts, Entertainment, and Recreation □ Accommodation and Food Services □ Public Administration				
Was the exposure intention Were others exposed? Is this what the patient susp Is this what the medical pro Is this what another source	e reason for poisoning?			nown nown	Total number of exposed:					
Comments:										
CONTINENTS.										

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PATIENT NAME: CONFIDENTIAL Iowa Department of Public Health Exposure #2 Exposure Date: Exposure Time: Location Name of Home Location: Work Farm, ranch, acreage Address: Orchard or Garden Community Building Zip code: Phone: Community Outdoor Site or Recreation Travel out of area Travel location: Commercial Building Unknown Travel departure: Travel return: Reason for exposure: If Reason for exposure= Work exposure or Secondary Work Exposure, complete the following: ☐Hobby or small **Employment** Work Category market work Status Agriculture, Forestry, Fishing and Hunting Real Estate and Rental and Leasing ☐Work exposure ☐Self-employed Mining, Quarrying, and Oil and Gas Extraction Professional, Scientific, and Technical ☐Secondary Work □Employed by ☐ Management of Companies and Enterprises Utilities Exposure (Take home Administrative and Support and Waste other ☐ Construction poisoning) ■Manufacturing Management and Remediation Services □Volunteer or unpaid ☐Wholesale Trade Educational Services work Health Care and Social Assistance ☐Retail Trade Other: ☐Transportation and Warehousing Arts, Entertainment, and Recreation ☐Information sector ☐ Accommodation and Food Services ☐Finance and Insurance Public Administration Was the exposure intentional? ☐ Yes ☐ No ☐Unknown Yes No Unknown
Yes No Unknown Were others exposed? Total number of exposed: Is this what the patient suspects as the reason for poisoning? Is this what the medical provider suspects as the reason for poisoning? ☐ Yes ☐ No ☐Unknown Is this what another source suspects as the reason for poisoning? ☐ Yes ☐ No ☐Unknown If yes, what source? Comments: Exposure #3 Exposure Date: Exposure Time: Location Name of Home Location: Work Farm, ranch, acreage Address: Orchard or Garden Community Building Phone: Zip code: Community Outdoor Site or Recreation Travel out of area Travel location: Commercial Building Travel return: Unknown Travel departure: Reason for exposure: If Reason for exposure= Work exposure or Secondary Work Exposure, complete the following: ☐Hobby or small **Work Category Employment** market work Status ☐ Agriculture, Forestry, Fishing and Hunting Real Estate and Rental and Leasing ☐Work exposure ☐Self-employed Mining, Quarrying, and Oil and Gas Extraction Professional, Scientific, and Technical Secondary Work Employed by ☐ Management of Companies and Enterprises Utilities Exposure (Take home other □ Construction Administrative and Support and Waste poisoning) Management and Remediation Services Manufacturing ☐Volunteer or unpaid ☐Wholesale Trade Educational Services work Health Care and Social Assistance □Retail Trade Other: ☐Transportation and Warehousing Arts, Entertainment, and Recreation Information sector ☐ Accommodation and Food Services ☐Finance and Insurance ☐ Public Administration

☐ Yes ☐ No ☐Unknown

Was the exposure intentional?

CON	IFIDENTIAL PATIENT NAME:		Iowa Department of Public Health					
	s the case have a drinking water exposure each drinking water exposure, com		. Attach additional information if necessary.					
e #1	Location Home	Drinking water source						
osarı	Work	If well water, what was the date of last microbiologic and/or nitrate testing?						
Location Home Work Farm, ranch, acreage Community Building Community Outdoor Site or Recreation Area Travel out of area Commercial Building Unknown		If municipal, rural, or bottled, what is the name of the provider?						
Drinking	☐ Travel out of area ☐ Commercial Building ☐ Unknown	Have there been any recent changes to	the: Taste of the water?					
#2	Location	Drinking water source ☐Municipal ☐R	ural water □Private well □Bottled					
sure	☐ Home☐ Work	If well water, what was the date of last						
G		If municipal, rural, or bottled, what is the name of the provider?						
Drinking 1	Recreation Area Travel out of area Commercial Building Unknown	Have there been any recent changes to the: Taste of the water? Odor of the water? Yes No Un Color of the water? Yes No Un Color of the water? Yes No Un						
_	Did the case eat fish, shellfish or seafood i	in the past two weeks?	Yes ☐ No ☐Unknown					
Fish	If yes, how much fish did the case eat?		4-6 servings per week 7 or more servings per week					
Fish	Where did the fish come from?	☐Store bought	Community Gathering Work Restaurant					
	e last two weeks has the case taken: Over the counter medicines? Yes \(\)	No ☐Unknown If yes, list:						
ı								
ı	Nutritional supplements?							
	• •	No □Unknown If yes, list:						
ı	·	No □Unknown If yes, list:						
FOR FINAL DETERMINATION ONLY: Based on this investigation what was the primary determination for the source of the exposure?								
	Alcohol, homemade or illegal Battery recycling Chemical Processing Cigarette or tobacco smoke Coal-burning Computer circuit board manufacturing Contaminated air, soil, dust, water, food or di Dental medicine	☐ Electronic or appliance recycling ☐ Emergency response ☐ Fossil fuels ☐ Glass manufacturing ☐ Industrial processing ☐ Laboratories	☐ Metal Processing ☐ Military arsenal work ☐ Mining ☐ Pesticides ☐ Smelter ☐ Waste incinerators ☐ Wood preservatives					
Sec	ondary source (if applicable):							
	Alcohol, homemade or illegal Battery recycling Chemical Processing Cigarette or tobacco smoke Coal-burning Computer circuit board manufacturing Contaminated air, soil, dust, water, food or di Dental medicine the exposure associated with an incident or	Liviedical facilities	☐ Metal Processing ☐ Military arsenal work ☐ Mining ☐ Pesticides ☐ Smelter ☐ Waste incinerators ☐ Wood preservatives ☐ Yes ☐ No ☐ Unknown					
, vas	saposars associated with an including		☐ Yes ☐ No ☐ Unknown					

Division of Environmental Health Fax: 515-281-4529 Arsenic

PATIENT NAME:

ADDITIONAL LABORATORY INFORMATION

CONFIDENTIAL

ADI	DITIONAL LAB #1			
Arsenic (Ar) Fractionation	☐Inorganic Ar		r Crt) concentration	
om) ∐Arsenic (Ar) urine □Organic Ar			☐Heavy Metal Panel☐Total Volume	
Collection date:	/ /	Collection time:		
☐mg/dL, milligrams per deciliter	□ug/24 hr, mcg/2	24 hr, micrograms per 24 hours	Result: Low (L) High (H) * See comment	
ADI	DITIONAL LAB #2			
☐ Arsenic (Ar) Fractionation om) ☐ Arsenic (Ar) urine ☐ Organic Ar	☐Inorganic Ar ☐Methylarsenic acid(I ☐Dimethylarsenic acid	MMA) ☐Heavy Metal Pa	r Crt) concentration nel	
Collection date:	/ /	Collection time:		
☐mg/dL, milligrams per deciliter☐ug/g Cr or mcg/g Cr, micrograms☐creatinine ratio	□ ug/24 hr, mcg/2 per gram □ mL or milliliters □ hours	24 hr, micrograms per 24 hours	Result: Low (L) High (H) * See comment	
	Arsenic (Ar) Fractionation Arsenic (Ar) urine Organic Ar	ADDITIONAL LAB #2 ADDITIONAL LAB #2 APSENIC (Ar) urine	Arsenic (Ar) Fractionation	

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