CONFIDENTIAL									ent of Public Health
Cadmi		gency: umber:						Suspect Exposure Sitials:	Not a case
CASE									
CASE									
Last name: First and middle		Da	te of I	Birth:	/	/	Estimat	ed? 🗌 🛛 A	Age:
name:			Ge	nder:			Male Other	lelivery	
	Suffix:		Pregr M	nant: arital	☐ Yes ☐ Single		☐ Unk ☐ Married	date:	/ / /
Address line:			st	atus:	Divor	ced	Parent with		
Zip:	City:		F	Race:	Black	or Afric	an or Alaskan Nati an American		☐ Unknown ☐ White
State:	County:				🗌 Hawa	iian or F	acific Islander	[Asian
	() Туре:			nicity:	🗌 Hispa	nic or L	atino 🗌 Not Hisp	panic or Lat	tino 🗌 Unknown
Long-term care resident:	🗌 Yes 📄 No 📄 Unknown	Parent	n	ame:					_
Facility name:		Parent			()-	-		Туре:	
EVENT									
Diagnosis date:	Onset / / date: / /			ı	ast name:				
Event outcome:	Survived this illness Died from this illness	ness	ç						
Outbreak	Died unrelated to this illness Unknown	า	latio		First name:		RNP 🗌 M	D	
related:	Yes No Unknown		Healthcare provider information	Pro	ovider title:	D		C	D PA
Outbreak name: Exposure			ler ir	Fac	ility name:				
setting:			ovic	Addr	ess line 1:				
Epi-linked:	Yes No Unk To whom:		ire pi	Addr	ess line 2:				
Location acquired:	In USA, in reporting state In USA, outside reporting state		Ithca						<i>r</i> :
	Outside USA Unknown		Неа						<i>r</i> :
	State: Country:				Phone :	()	Туре	::
LABORATORY F	NDINGS								
Laboratory:	Access	sion #:					Collection date:	/	/
Date received:	/ / Specimen s						Result type:	Prelin	ninary 🔲 Final
Test Type:					sult:				
Percent:	Resul	t date:	-	/			Result:	☐ High □ Low	Out of Range See Notes
							Collection date		
Laboratory:		sion #:					Collection date:	/	/
Date received:	/ / Specimen s	ource:					Result type:		ninary 🗌 Final
Test Type:			-		sult:		Result:	High	Out of Range
Percent:	Resul	t date:		/	/		rteout.	Low	See Notes
Laboratory:	Access	sion #:					Collection date:	/	/
Date received:	/ / Specimen s	ource:	□ E	Blood	🗌 Urine		Result type:	🗌 Prelin	ninary 🔲 Final
Test Type:			т	est Re	sult:			<u> </u>	
Percent:	Resul	t date:		/	/		Result:	☐ High ☐ Low	Out of Range See Notes

1

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)

	0 1 14												
	Occupation #1:					Job	title:						
	Worked after					Facility na	ame:						
	symptom onset:	🗌 Yes	🗌 No	Unkno	own	-							
Da	ate worked from:	/	/			Add	ress:						
	Date worked to:	/	/			Zip c	code:						
	Removed from duties:	☐ Yes	ΠNο	Unkno	nwn		City:			State:		County:	
	Date removed:					Ph	none:	<i>(</i>)			I	oounty.	
	Hon	/ dle food:	/ Ves	□ No	🗌 Unk	(00)//0		() Work in a hea		ype:	☐ Yes		Unknown
А	ttend or provide cl							Direct patier					UTIKTIOWIT
		d school:	Yes	🗌 No	🗌 Unk	known		lab or hea			🗌 Yes	🗌 No 🛛	Unknown
	Work in a la	b setting:	🗌 Yes	🗌 No	🗌 Unk	known		Health ca	re work	er type:			
	0 11 110	J	·							I			
	Occupation #2:					Job	title:						
	Worked after symptom onset:	☐ Yes	□ No	🗌 Unkno	own	Facility na	ame:						
Da	ate worked from:					Add	ress:						
	Date worked to:	/	/			Zip.c	code:						
		/	/								n	1	1
	Removed from duties:	☐ Yes	🗌 No	Unkno	own		City:			State:		County:	
	Date removed:					Ph	none:			_			
	Цар	/ dle food:	/	□ No	🗌 Unk	(00)//0		() Work in a hea		Type:	☐ Yes		Unknown
A	ttend or provide cl							Direct patier					UNKIOWI
		d school:	☐ Yes	🗌 No	Unk			lab or heal			🗌 Yes	🗌 No 🛛	Unknown
	Work in a la	o setting:	☐ Yes	🗌 No	🗌 Unk	known		Health ca	re work	er type:			
			·							1			
	OSPITALIZATION												
W	as the case hosp	italized?	_ Yes L		Unknow	'n							
	Hospital:					Isolated a	at entry	Yes 🗌	No 🗌	Unk I	solation ty	vpe (entry):	
	Admission date:	/	/			Discharg	e date:	/	/		Days ho	ospitalized:	
с	urrently isolated:												
		L res	□ No □] Unk	Cu	rrent isolatio	on type:						
CL	LINICAL INFO & [] Unk	Cu	rrent isolatio	on type:						
CL	LINICAL INFO & [DIAGNOSI	IS		Cu					0 (
CL	Reporting source	DIAGNOSI	IS] Laborat	tory	Cu	rrent isolatio		<u>.</u>	Pois	on Contro	ol	☐Self c	diagnosis
CL		DIAGNOSI	IS] Laborat	tory	Cu				Pois	on Contro	ol	□Self c	liagnosis
CL	Reporting source List any pre-exi	DIAGNOSI	IS] Laborat lical cond	tory ditions:	Cu	□Physic	cian		□ Pois		ol		Jiagnosis
CL	Reporting source	DIAGNOSI ce:	IS Laborat lical cond Court Cyan	tory ditions: gh nosis	Cu	□Physic	cian d saliva	a production	□Naus □Oste	sea	ol (softening	Swe ofTach	et or metallic taste
	Reporting source List any pre-exi Symptoms: Abdominal pai cramps	DIAGNOSI ce:	IS Laborat lical cond Cout Cyar Diar	tory ditions: gh nosis rhea		Physic Increase	cian d saliva Damage	a production	□Naus □Oste bones)	sea omalacia	(softening	of Tack	et or metallic taste hycardia th discoloration
	Reporting source List any pre-exi Symptoms: Abdominal pai cramps Anemia	DIAGNOSI	IS Laborat Lacal cond Court Court Court Diar Diar Dizz	tory litions: gh nosis rhea tiness	<u>Cu</u>	Physic Increase Kidney D failure Kidney s	cian d saliva Damage tones	a production	□Naus □Oste bones) □Pros	sea omalacia tatic canc	(softening	of Tach	et or metallic taste hycardia th discoloration cheo-bronchitis,
	Reporting source List any pre-exi Symptoms: Abdominal pair cramps Anemia Anosmia (loss	DIAGNOSI	IS Laborat Laborat Court Court Court Diar Diar Dizz Dry	tory ditions: gh nosis rhea tiness throat	Cu	Physic Increase Kidney D failure Kidney s Leg pain	cian d saliva Damage tones	a production	□Naus □Oste bones) □Pros □Prote	sea omalacia tatic canc einuria	(softening	of Swe DTack	eet or metallic taste hycardia th discoloration cheo-bronchitis, onitis
	Reporting source List any pre-exi Symptoms: Abdominal part cramps Anemia Anosmia (loss Chest pain	DIAGNOSI	IS Laborat Lacal cond Court Cyal Diar Diar Dizz Dry Feve	tory ditions: gh nosis rhea tiness throat er		□Physid □Increase □Kidney D failure □Kidney s □Leg pain □Liver Da	cian d saliva Damage tones mage	a production	□Naus □Oste bones) □Pros □Prote □Pulm	sea omalacia tatic canc sinuria ionary ede	(softening er ema	of Trach	eet or metallic taste hycardia th discoloration cheo-bronchitis, onitis
Symptoms	Reporting source List any pre-exi Symptoms: Abdominal pair cramps Anemia Anosmia (loss	DIAGNOSI	IS Laborat Laborat Court Court Court Diar Diar Dizz Dry	tory ditions: gh nosis rhea ciness throat er t	Cu	Physia	cian d saliva Damage tones mage ncer ammat	a production e or renal	□Naus □Oste bones) □Pros □Prote □Pulm □Rect	sea omalacia tatic canc einuria	(softening er ema	of Tract Tract Tract Tract DTract DTract DTract DVom	eet or metallic taste hycardia th discoloration cheo-bronchitis, onitis
	Reporting source List any pre-exi Symptoms: Abdominal pai cramps Anemia Anosmia (loss Chest pain Chills Choking Coma	DIAGNOSI	IS Laborat Laborat Laborat Cour Cyar Diaz Diaz Dry 1 Eve Gou Hear Hear	tory ditions: gh nosis rhea tiness throat er t dache ertension		Physic Increase Kidney D failure Kidney s Leg pain Liver Dau Lung Ca Lung Infl Muscle a	cian d saliva Damage tones mage ncer ammat aches	a production e or renal	□Naus □Oste bones) □Pros □Prote □Pulm □Rect □Shor □Sore	sea omalacia tatic canc einuria ionary ede al spasms tness of b throat or	(softening er ema s	of Tact Toot Trac pneum Vom Wea Wea Wea	eet or metallic taste hycardia th discoloration sheo-bronchitis, oonitis hiting akness ght loss bezing
	Reporting source List any pre-exi Abdominal part Anemia Anosmia (loss Chest pain Chills Choking Coma COPD	in or	S Laborat lical cond Cour Cyar Diaz Diaz Dry 1 Eeve Gou Hear Hyp	tory ditions: gh nosis rhea tiness throat er t dache ertension ophosphate		Physia Increase Kidney D failure Kidney s Leg pain Liver Da Lung Ca Lung Infl Muscle a Muscle v	cian d saliva Damage tones mage ncer ammat aches veakne	a production e or renal ion	Naus Oste bones) Pros Prote Pulm Rect Shor Sore irritatior	sea omalacia tatic canc einuria ionary eda al spasms tness of b throat or	(softening er ema s ireath throat	of Tract Tract Tract DToot DTrac pneum Wea Wea Wea Oth	et or metallic taste hycardia th discoloration sheo-bronchitis, onitis hiting akness ght loss eezing eer:
	Reporting source List any pre-exi Symptoms: Abdominal pai cramps Anemia Anosmia (loss Chest pain Chills Choking Coma	in or	S Laborat lical cond Cour Cyar Diaz Diaz Dry 1 Eeve Gou Hear Hyp	tory ditions: gh nosis rhea tiness throat er t dache ertension ophosphate		Physia Increase Kidney D failure Kidney s Leg pain Liver Da Lung Ca Lung Infl Muscle a Muscle v	cian d saliva Damage tones mage ncer ammat aches veakne Was en	a production e or renal ion <u>ss</u> ducational inforr	Naus Oste bones) Pross Prote Pulm Rect Shor Sore irritatior nation p	sea omalacia tatic canc binuria nonary ede al spasms tness of b throat or <u>n</u> rovided?	(softening er ema s reath throat	of Trach Trach Trach Trac Dreum Wea Wea Whe Oth	eet or metallic taste hycardia th discoloration cheo-bronchitis, onitis hiting akness ght loss bezing er: nknown
	Reporting source List any pre-exi Abdominal part Anemia Anosmia (loss Chest pain Chills Choking Coma COPD	DIAGNOSI	S Laborat lical cond Cou Diar Diar Dizz Dry Gou Hea Hyp Hyp	tory ditions: gh nosis rhea tiness throat er t dache ertension ophosphat	emia	Physia Increase Kidney D failure Kidney s Leg pain Liver Da Lung Infl Muscle a Muscle v tivities?	cian d saliva Damage tones mage ncer ammat aches veakne Was en $\square < 2^{2}$	a production a or renal ion ss ducational inform 4 hours \square 1-2 d month \square > 2 m	□Naus □Oste bones) □Pros: □Prots □Prote □Pulm □Rect: □Shor □Sore irritation nation p ays □3 nonths [sea omalacia tatic canc einuria ionary ede al spasms tness of b throat or n rovided? -5 days [(softening er ema sorreath throat Yes	of Tract Tract Tract DToot DTrac Pneum Wea Wea Wea Whe Oth No U ks [2-3 wea	et or metallic taste hycardia th discoloration sheo-bronchitis, onitis akness ght loss bezing ler: nknown beks - 3 weeks
	Reporting source List any pre-exi Abdominal particitation Anosmia (loss Chest pain Chills Choking Coma COPD Health Impact:	DIAGNOSI	S Laborat lical cond Cou Cyal Diar Diar Dizz Dry Gou Hea Hyp Haa Non-fata	tory ditions: gh nosis rhea tiness throat er t dache ertension ophosphat l	emia daily ac	Physic Physic Increase Kidney D failure Kidney s Leg pain Liver Da Lung Infl Muscle a Muscle v tivities? If no, did y	cian d saliva Damage tones mage ncer ammat aches veakne Was ea □ < 20 □ < 10 0 > 10	a production e or renal ion ss ducational inforr 4 hours □1-2 d	□Naus □Oste bones) □Pros: □Prots □Prote □Pulm □Rect: □Shor □Sore irritation nation p ays □3 nonths [sea omalacia tatic canc ainuria nonary ede al spasms tness of b throat or n rovided? -5 days [] > 3 mo	(softening er ema sorreath throat Yes	of Tact Toot Trac pneum Vom Wea Wea Whe Oth No U ks 2-3 we o months	et or metallic taste hycardia th discoloration sheo-bronchitis, onitis akness ght loss bezing ler: nknown beks - 3 weeks
	Reporting source List any pre-exi Abdominal participant Anemia Anemia Chest pain Chills Choking Coma COPD Health Impact: [What was the tim Current smoker?	DIAGNOSI ce: [issting med in or s of smell) Fatal [ne missed P] Yes were used	S Laborat Laborat Cou Cya Cya Diar Diaz Diaz Gou Hea Hyp Hyp Non-fata from work by the pa	tory ditions: gh nosis rhea ciness throat er tdache ertension ophosphati dache ophosphati l (/school or] Unknowr ttient?N	emia daily ac	Physia Physia Increase Kidney D failure Kidney s Leg pain Liver Da Lung Infl Muscle a Muscle v tivities? If no, did y Yes	cian d saliva Damage tones mage ncer ammat aches veakne Was en U < 20 U < 1 U vou smo	a production e or renal ion ss ducational inforr 4 hours 1-2 d month 2 2 m oke in the past? Unknown	□Naus □Oste bones) □Proste □Prote □Pulm □Rect: □Shor □Sore irritation nation p ays □3 nonths [sea omalacia tatic canc binuria nonary ede al spasms thess of b throat or b throat or b rovided? -5 days [] > 3 mo	(softening er ema sreath throat 1-2 weel nths 2 6 yes, date	of Trach Trach Trach Droot Wea Wea Whe Oth No U ks 2-3 we S months 3	et or metallic taste hycardia th discoloration sheo-bronchitis, onitis akness ght loss bezing ler: nknown beks -> 3 weeks

	FIDENTIAL F	ATIENT NAME:						l	owa Depa	rtment of Public Health	
	t was the treatment I		ven or recommended nended – not done		Self Outpatient		_ED _ Inpatient	_	ent refused		
EXP	OSURES										
Has	the case been expos	ed to any of the foll	owing in the last 6	0 days	? 🗌 `	Yes 🗌	No 🗌 Unk	nown			
	Complete	e an exposure tal	ole for each know	wn ex	posure.	Attac	h additio			•	
Alloys, including copper Ammunition manufacturing Auto mechanical work Batteries Bearing making Cable and trolley wires Cadmium vapor lamps Ceramic and pottery making Cigarette or tobacco smoke Contaminated air, soil, dust, water, food or drink Dental amalgam Electricial equipment making Electroplating				Engraving Fertilizers Glass manufacturing Hazardous waste sites Incandescent lamp makers Incinerators Jewelry and costume jewelry Jewelry making Lithograph making Lithophane makers Liver or kidney meats consumption Metal decorative items Mining					Mouthing objects (jewelry, toys) Municipal solid waste recovery Mushroom consumption Paint - spraying, manufacturing, industrial Pesticides Pharmaceutical manufacturing Photoelectric cell making Pigment making Plastic products making Sewage sludge Smelter Solder Textile printing Welding		
	Exposure	#1		,			_				
Loca	ation		Exposure Date: Name of	/	/		Exp	osure Time:			
	Home Work		Location:								
	Farm, ranch, acreage Orchard or Garden		Address:								
	Community Building Community Outdoor \$	Site or Recreation	Zip code:						-	-	
	Travel out of area Commercial Building		Travel location:								
	Unknown		Travel departure:							/ /	
Reason for exposure: If Reason for of the reason for exposure: Hobby or small Employment Wor market work Status Ag Work exposure Self-employed M Secondary Work Employment work M Exposure (Take home poisoning) M M Volunteer or unpaid work M M Other: Tr In			Work Category Agriculture, Fo Mining, Quarr Utilities Construction Manufacturing Wholesale Tra Retail Trade Transportation	Construction Manufacturing Wholesale Trade					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		
	the exposure intention	nal?					Unknown	Total averab		a a di	
Is thi	e others exposed? s what the patient sus s what the medical pro				🗌 Yes 🗌] No 🗌]Unknown]Unknown	Total numb		seu	
	s what the medical pro			ig ?]Unknown]Unknown	If yes, what	source? _		
Com	ments:										

CONFIDENTIAL	PATIENT NAME:					. le	owa Depai	rtment of Public Health
Exposure	#2							
		Exposure Date:	/	/	Expo	sure Time:		
Location		Name of	,	,	Expo			
		Location:						
Work								
Farm, ranch, acreage	9	Address:						
Orchard or Garden								
Community Building		Zip code:				Phone:	-	-
Community Outdoor Travel out of area	Site or Recreation	Troval logation						
Commercial Building		Travel location:	L					
		Travel departure:		/ /	-	Travel return:		1 1
Reason for exposure:	lf Rea		Work e	xposure or Seconda			complete th	ne following:
Hobby or small	Employment	Work Category		.	,			
market work	Status	Agriculture, F	orestry.	, Fishing and Hunting	a	Real Est	ate and Re	ental and Leasing
Work exposure	Self-employed	Mining, Quari	rying, ar	nd Oil and Gas Extra	iction			c, and Technical
Secondary Work	Employed by	Utilities				Manager	ment of Co	mpanies and Enterprises
Exposure (Take home	other							Support and Waste
poisoning)								Remediation Services
□Volunteer or unpaid work		Wholesale Tr	ade					es ocial Assistance
Other:		Retail Trade	n and M	Varabousing				t, and Recreation
				ratenousing				nd Food Services
		Finance and		ce				
	10						anniotrati	
Was the exposure intention Were others exposed?	nal?			☐ Yes ☐ No ☐Un ☐ Yes ☐ No ☐Un		Total numb	or of ovno	cod:
Is this what the patient sus	pacts as the reason t	for poisoning?				TOLALITUTID		sed:
Is this what the medical pro-			ina?					
Is this what another source			ng.			If yes, what	t source?	
Comments:		<u> </u>	ł			, , , , , , , , , ,		
Exposure	e #3							
		Exposure Date:	/	/	Expo	sure Time:		
Location		Name of						
Home		Location:						
U Work								
Farm, ranch, acreage	9	Address:						
Orchard or Garden								
Community Building						5		
	Site or Poercetion	Zip code:				Phone:	-	-
Travel out of area	Site or Recreation					Phone:	-	<u> </u>
Travel out of area Commercial Building	Site or Recreation	Zip code: Travel location:				Phone:	-	-
Travel out of area Commercial Building Unknown	Site or Recreation						-	-
Commercial Building		Travel location: Travel departure:	Nork ex	/ /		Travel return:	- complete th	- / / / /
Commercial Building		Travel location: Travel departure:		/ / xposure or Seconda		Travel return:	- complete th	- / / he following:
Commercial Building Unknown Reason for exposure:	If Rea	Travel location: Travel departure: ason for exposure= V Work Category	,		ary Worl	Travel return: k Exposure , c		- / / ne following:
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure	If Rea Employment Status □Self-employed	Travel location: Travel departure: ason for exposure= V Work Category Agriculture, F Mining, Quart	, orestry,	/ / xposure or Seconda Fishing and Hunting nd Oil and Gas Extra	ary Worl	Travel return: k Exposure, c □Real Est Professiona	ate and Re al, Scientifi	ental and Leasing c, and Technical
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work	If Rea Employment Status Self-employed Employed by	Travel location: Travel departure: ason for exposure= N Work Category Agriculture, F Mining, Quart Utilities	, orestry,	Fishing and Hunting	ary Worl	Travel return: k Exposure, c □Real Est Professiona □Managei	ate and Re al, Scientifi ment of Co	ental and Leasing c, and Technical mpanies and Enterprises
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home	If Rea Employment Status □Self-employed	Travel location: Travel departure: ason for exposure= N Work Category Agriculture, F Mining, Quart Utilities Construction	rying, ar	Fishing and Hunting	ary Worl	Travel return: k Exposure, c □Real Est Professiona □Manager □Administ	ate and Re al, Scientifi ment of Co trative and	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning)	If Rea Employment Status Self-employed Employed by	Travel location: Travel departure: Ison for exposure= V Work Category Agriculture, F Mining, Quari Utilities Construction Manufacturing	orestry, rying, ar g	Fishing and Hunting	ary Worl	Travel return: k Exposure, c Professiona Manager Administ Manager	ate and Re al, Scientifi ment of Co trative and ment and F	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning) Volunteer or unpaid	If Rea Employment Status Self-employed Employed by	Travel location: Travel departure: ison for exposure= V Work Category Agriculture, F Mining, Quari Utilities Construction Manufacturing Wholesale Tr	orestry, rying, ar g	Fishing and Hunting	ary Worl	Travel return: k Exposure , o Real Est Professiona Manager Administ Manager Educatio	ate and Re al, Scientifi ment of Co trative and ment and F onal Service	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services es
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work	If Rea Employment Status Self-employed Employed by	Travel location: Travel departure: ison for exposure= V Work Category Agriculture, F Mining, Quart Utilities Construction Manufacturing Wholesale Tr Retail Trade	rying, ar g ade	, Fishing and Hunting nd Oil and Gas Extra	ary Worl	Travel return: k Exposure , o Professiona Manager Administ Manager Educatio Health C	ate and Re al, Scientifi ment of Co trative and ment and F onal Service are and So	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services es ocial Assistance
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning) Volunteer or unpaid	If Rea Employment Status Self-employed Employed by	Travel location: Travel departure: ason for exposure= V Work Category Agriculture, F Mining, Quart Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio	r Forestry, rying, ar g ade n and W	, Fishing and Hunting nd Oil and Gas Extra	ary Worl	Travel return: k Exposure, c □Real Est Professiona □Manager □Administ □Manager □Educatio □Health C □Arts, Ent	ate and Re al, Scientifi ment of Co trative and ment and F onal Service are and So tertainment	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work	If Rea Employment Status Self-employed Employed by	Travel location: Travel departure: ason for exposure= N Work Category Agriculture, F Mining, Quari Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio Information so	rorestry, rying, ar g ade n and W ector	, Fishing and Hunting nd Oil and Gas Extra Varehousing	ary Worl	Travel return: k Exposure, c Professiona Manager Administ Manager Educatio Health C Arts, Ent Accomm	ate and Re al, Scientifi ment of Co trative and ment and F onal Service care and So tertainment nodation an	ental and Leasing c, and Technical mpanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation ad Food Services
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work Other: United Secondary	If Rea Employment Status Self-employed Employed by other	Travel location: Travel departure: ason for exposure= V Work Category Agriculture, F Mining, Quart Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio	rorestry, rying, ar g ade n and W ector	, Fishing and Hunting nd Oil and Gas Extra Varehousing ce	ary Worl	Travel return: k Exposure, c □Real Est Professiona □Manager □Administ □Manager □Educatio □Health C □Arts, Ent	ate and Re al, Scientifi ment of Co trative and ment and F onal Service care and So tertainment nodation an	ental and Leasing c, and Technical mpanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation ad Food Services
Commercial Building Unknown Reason for exposure: Hobby or small market work Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work Other: Was the exposure intention	If Rea Employment Status Self-employed Employed by other	Travel location: Travel departure: ason for exposure= N Work Category Agriculture, F Mining, Quari Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio Information so	rorestry, rying, ar g ade n and W ector	, Fishing and Hunting nd Oil and Gas Extra Varehousing ce	ary Worl	Travel return: k Exposure , of Professiona Manager Administ Manager Educatio Health C Arts, Ent Accomm Public Ar	ate and Re al, Scientifi ment of Co trative and ment and F onal Service are and So tertainment odation an dministratio	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation id Food Services on
Commercial Building Unknown Reason for exposure: Hobby or small market work Work exposure Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work Other: Was the exposure intention Were others exposed?	If Rea Employment Status Self-employed Employed by other	Travel location: Travel departure: ison for exposure= N Work Category Agriculture, F Mining, Quart Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio Information so Finance and	rorestry, rying, ar g ade n and W ector	, Fishing and Hunting nd Oil and Gas Extra Varehousing ce Yes No Un	ary Worl	Travel return: k Exposure , of Professiona Manager Administ Manager Educatio Health C Arts, Ent Accomm Public Ar	ate and Re al, Scientifi ment of Co trative and ment and F onal Service are and So tertainment odation an dministratio	ental and Leasing c, and Technical mpanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation ad Food Services
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Commercial Building Unknown Reason for exposure: Hobby or small market work Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work Other: Was the exposure intention Were others exposed? Is this what the patient sus Is this what another source	If Rea Employment Status Self-employed Employed by other nal?	Travel location: Travel departure: ason for exposure= N Work Category Agriculture, F Mining, Quari Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio Information so Finance and for poisoning? e reason for poisoni	r Forestry, rying, ar g ade n and W ector Insurand	, Fishing and Hunting nd Oil and Gas Extra Varehousing ce ☐ Yes ☐ No ☐ Un ☐ Yes ☐ No ☐ Un ☐ Yes ☐ No ☐ Un	ary Worl action Iknown Iknown Iknown	Travel return: k Exposure , of Professiona Manager Administ Manager Educatio Health C Arts, Ent Accomm Public Ar	ate and Re al, Scientifi ment of Co trative and ment and F care and So tare and So tartainment odation an dministration per of expos	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation id Food Services on
Commercial Building Unknown Reason for exposure: Hobby or small market work Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work Other: Was the exposure intention Were others exposed? Is this what the patient sus Is this what the medical pro-	If Rea Employment Status Self-employed Employed by other nal?	Travel location: Travel departure: ason for exposure= N Work Category Agriculture, F Mining, Quari Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio Information so Finance and for poisoning? e reason for poisoni	r Forestry, rying, ar g ade n and W ector Insurand	A Fishing and Hunting nd Oil and Gas Extra Varehousing Ce Yes No Un Yes No Un Yes No Un Yes No Un	ary Worl action Iknown Iknown Iknown	Travel return: k Exposure, c Professiona Manager Administ Manager Educatio Health C Arts, Ent Accomm Public Art Total numb	ate and Re al, Scientifi ment of Co trative and ment and F care and So tare and So tartainment odation an dministration per of expos	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation id Food Services on
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Commercial Building Unknown Reason for exposure: Hobby or small market work Secondary Work Exposure (Take home poisoning) Volunteer or unpaid work Other: Was the exposure intention Were others exposed? Is this what the patient sus Is this what another source	If Rea Employment Status Self-employed Employed by other nal?	Travel location: Travel departure: ason for exposure= N Work Category Agriculture, F Mining, Quari Utilities Construction Manufacturing Wholesale Tr Retail Trade Transportatio Information so Finance and for poisoning? e reason for poisoni	r Forestry, rying, ar g ade n and W ector Insurand	A Fishing and Hunting nd Oil and Gas Extra Varehousing Ce Yes No Un Yes No Un Yes No Un Yes No Un	ary Worl action Iknown Iknown Iknown	Travel return: k Exposure, c Professiona Manager Administ Manager Educatio Health C Arts, Ent Accomm Public Art Total numb	ate and Re al, Scientifi ment of Co trative and ment and F care and So tare and So tartainment odation an dministration per of expos	ental and Leasing c, and Technical ompanies and Enterprises Support and Waste Remediation Services es ocial Assistance t, and Recreation id Food Services on

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Does the case have a drinking water exposure?

For	each drinking water exposure, con	nplete	a drinkinę	g water exposure tabl	e. Att	ach additional information if necessary.				
e #1	Location	Dri	Drinking water source Municipal Rural water Private well Bottled							
osur	Work		If well water, what was the date of last microbiologic and/or nitrate testing?							
Location Home Work Farm, ranch, acreage Orchard or Garden 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	Recreation Area		Have there been any recent changes to the: Taste of the water? Yes No Unknown Odor of the water? Yes No Unknown Color of the water? Yes No Unknown							
e #2	Location	Drii	nking water	source Municipal	Rural v	water Private well Bottled				
osur	Work		If well wate	r, what was the date of la	st mic	robiologic and/or nitrate testing?				
Drinking water exposure #2	 Farm, ranch, acreage Orchard or Garden Community Building Community Outdoor Site or Recreation Area 		If municipa	I, rural, or bottled, what is	the na	ame of the provider?				
Drinking	Travel out of area Commercial Building Unknown		Have there been any recent changes to the: Taste of the water? Yes No Unknow Odor of the water? Yes No Unknow Color of the water? Yes No Unknow							
2	Did the case eat fish, shellfish or seafood	in the	past two wee	eks?	□ Ye	s 🗌 No 🗍 Unknown				
h nntio	If yes, how much fish did the case eat					s servings per week r more servings per week				
If yes, how much fish did the case eat?										
In th	ne last two weeks has the case taken:									
	Over the counter medicines?	No 🔲	Unknown	-						
	Prescription medicines?	No 🔲	Unknown	If yes, list:						
	Nutritional supplements?	No 🔲	Unknown	If yes, list:						
	Herbal supplements?	No 🔲	Unknown	If yes, list:						
	Homeopathic medicines?	No 🔲	Unknown	If yes, list:						
	Illicit drugs?	No 🔲	Unknown							
		F	OR FINAL	DETERMINATION C	ONLY	:				
Bas	ed on this investigation what was th	e prin	nary deter	mination for the source						
	Alloys, including copper Ammunition manufacturing Auto mechanical work Batteries Bearing making Cable and trolley wires Cadmium vapor lamps Ceramic and pottery making Cigarette or tobacco smoke Contaminated air, soil, dust, water, food or o Dental amalgam Electricial equipment making Electroplating	drink	Hazardo	rs anufacturing ous waste sites scent lamp makers tors and costume jewelry making		Mouthing objects (jewelry, toys) Municipal solid waste recovery Mushroom consumption Paint - spraying, manufacturing, industrial Pesticides Pharmaceutical manufacturing Photoelectric cell making Plastic products making Sewage sludge Smelter Solder Textile printing Welding				

 Image: Solider and guipment making
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	ADDITIONAL	I AD #1	
	ADDITIONAL		
Test Name Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr)	Cadmium (Cd) Occupational Monitandom) urine Cd/Cr ratio, Cadmium creatinine ra	Beta-2-microglobulin in urine (B2-M)	
Date reported to IDPH: /	Collection date: /	/ Collection time:	
Numeric result:	Result unit: ug/L, mcg/L, micrograms per liter mg/dL, milligrams per deciliter ug/g Cr or mcg/g Cr, micrograms per gram creatinine ratio ug/d, mcg/d, micrograms per day	Image: Spot or random Result: Image: Dug/24 hr, mcg/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, mcg/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, mcg/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, mcg/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, mcg/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours Image: Dug/24 hr, micrograms per 24 hours	
LABORATORY COMMENTS:			
	ADDITIONAL	LAB #2	
Test Name Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr)	Cadmium (Cd) Occupational Monit	or Cadmium (Cd) Concentration Heavy Metal Panel Beta-2-microglobulin in urine (B2-M) Total Volume	
□Cadmium (Cd) Blood □Cadmium (Cd) Urine (Spot/ra	Cadmium (Cd) Occupational Monit	or Cadmium (Cd) Concentration Heavy Metal Panel	
Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr) Date reported	Cadmium (Cd) Occupational Monit andom) urine Cd/Cr ratio, Cadmium creatinine ra	or Cadmium (Cd) Concentration Heavy Metal Panel Beta-2-microglobulin in urine (B2-M) Total Volume tio Creatinine (Cr or Crt) concentration Cadmium (Cd) urine	e
Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr) Date reported to IDPH: /	Cadmium (Cd) Occupational Monit andom) urine Cd/Cr ratio, Cadmium creatinine ra Collection date: / Result unit: Ug/L , mcg/L, micrograms per liter Mg/dL, milligrams per deciliter Ug/g Cr or mcg/g Cr, micrograms per gram Creatinine ratio	or Cadmium (Cd) Concentration Heavy Metal Panel Beta-2-microglobulin in urine (B2-M) Total Volume Creatinine (Cr or Crt) concentration Cadmium (Cd) urine / Collection time: Collection time: Collection time: Result: Low (L) High (H) ML or milliliters hours % or percent	e
Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr) Date reported to IDPH: / Numeric result:	Cadmium (Cd) Occupational Monit andom) urine Cd/Cr ratio, Cadmium creatinine ra Collection date: / Result unit: Ug/L , mcg/L, micrograms per liter Mg/dL, milligrams per deciliter Ug/g Cr or mcg/g Cr, micrograms per gram Creatinine ratio	or Cadmium (Cd) Concentration Heavy Metal Panel Beta-2-microglobulin in urine (B2-M) Total Volume Creatinine (Cr or Crt) concentration Cadmium (Cd) urine / Collection time: Collection time: Collection time: Result: Low (L) High (H) ML or milliliters hours % or percent	e
Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr) Date reported to IDPH: / Numeric result:	Cadmium (Cd) Occupational Monit andom) urine Cd/Cr ratio, Cadmium creatinine ra Collection date: / Result unit: Ug/L , mcg/L, micrograms per liter Mg/dL, milligrams per deciliter Ug/g Cr or mcg/g Cr, micrograms per gram Creatinine ratio	or Cadmium (Cd) Concentration Heavy Metal Panel Beta-2-microglobulin in urine (B2-M) Total Volume Creatinine (Cr or Crt) concentration Cadmium (Cd) urine / Collection time: Collection time: Collection time: Result: Low (L) High (H) ML or milliliters hours % or percent	e
Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr) Date reported to IDPH: / Numeric result:	Cadmium (Cd) Occupational Monit andom) urine Cd/Cr ratio, Cadmium creatinine ra Collection date: / Result unit: Ug/L , mcg/L, micrograms per liter Mg/dL, milligrams per deciliter Ug/g Cr or mcg/g Cr, micrograms per gram Creatinine ratio	or Cadmium (Cd) Concentration Heavy Metal Panel Beta-2-microglobulin in urine (B2-M) Total Volume Creatinine (Cr or Crt) concentration Cadmium (Cd) urine / Collection time: Collection time: Collection time: Result: Low (L) High (H) ML or milliliters hours % or percent	e
Cadmium (Cd) Blood Cadmium (Cd) Urine (Spot/ra Cadmium (Cd) Urine (24 hr) Date reported to IDPH: / Numeric result:	Cadmium (Cd) Occupational Monit andom) urine Cd/Cr ratio, Cadmium creatinine ra Collection date: / Result unit: Ug/L , mcg/L, micrograms per liter Mg/dL, milligrams per deciliter Ug/g Cr or mcg/g Cr, micrograms per gram Creatinine ratio	or Cadmium (Cd) Concentration Heavy Metal Panel Beta-2-microglobulin in urine (B2-M) Total Volume Creatinine (Cr or Crt) concentration Cadmium (Cd) urine / Collection time: Collection time: Collection time: Result: Low (L) High (H) ML or milliliters hours % or percent	e

NOTES: