CONFIDENTIAL Iowa Department of Public Health Status: Confirmed
Suspect
Exposure ☐ Probable Carbon Monoxide ☐ 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: ☐ Married ☐ Separated ☐ Single 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: ☐ PA ☐ DO 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 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 ☐ Preliminary ☐ Final Result type: Test Type: Test Result: ☐ Out of Range Result: ☐ See Notes Percent: Result date: □ Low

Accession #:

Result date:

Specimen source:

Blood

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Test Result:

/ /

Laboratory:

Test Type:

Percent:

Date received:

High

☐ Low

☐ Preliminary ☐ Final

☐ Out of Range

☐ See Notes

Collection date:

Result type:

Result:

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:					Job title:						
Worked after					Facility name:							
;	symptom onset:	☐ Yes	☐ No	Unkno	own							
Da	ate worked from:					Address:						
	Date worked to:	/				Zip code:						
	Removed from	/				City:						
	duties:	☐ Yes	∐ No	Unkno	own	6		State:		Count	ty:	
	Date removed:	,	,			Phone:	, ,	Tuna				
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		d school:			known	lab or health ca		☐ Yes	☐ No	☐ Unl	known	
	Work in a lab	setting:	☐ Yes	☐ No	Unk	nown	Health care wo	rker type:				
	Occupation #2:					Job title:						
	Worked after					Facility name:						
:	symptom onset:	☐ Yes	☐ No	☐ Unkno	own	, , ,						
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	Date worked to:	,	1			Zip code:						
	Removed from	/	/			City:						
	duties:	☐ Yes	☐ No	☐ Unkno	own	,		State:		Count	ty:	
	Date removed:					Phone:						
		/	/				()	Type:				
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		ATIENT NAME:					owa Departmo	ent of Public Health	
_		ven or recommended nended – not done	∃	□ED □ Inpa		☐Patient refused			
EXP	OSURES								
Has	Has the case been exposed to any of the following in the last 60 days? Yes No Unknown Complete an exposure table for each known exposure. Attach additional information if necessary.								
Exposure List	Fire Vehicle/Automobile Boat	Zamboni Heating syste Fixed appliand	m P			Portable appliance (stove, water heater, etc.) Generator Power Tools (mowers, power washer, etc.)			
	_								
	Exposure #	#1	Exposure Date: / / E			Exposure Time:			
	ation Home Work		Name of Location:						
	Work Farm, ranch, acreage Orchard or Garden Community Building Community Outdoor Site or Recreation Travel out of area Commercial Building		Address:				1		
			Zip code:			Phone:			
			Travel location:						
	Unknown		Travel departure:	/	/	Travel return:		/ /	
Reason for exposure: ☐ Hobby or small market work ☐ Work exposure ☐ Secondary Work Exposure (Take home poisoning) ☐ Volunteer or unpaid work ☐ Other: ☐ If Rea Employment Status ☐ Self-employed ☐ Employed by 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 ☐			
Were Is thi Is thi	the exposure intentional e others exposed? s what the patient susp s what the medical provisions what another source	pects as the reason vider suspects as the	e reason for poisonin	Yes Yes Yes	No □Unkr No □Unkr No □Unkr	nown Total numb nown nown	per of exposed:		
Com	ments:								
	Comments:								

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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 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

| Hobby or small market work | Status | Self-employed | Mining, Quarrying, and Oil and Gas Extraction | Management and Rental and Leasing | Professional, Scientific, and Technical | Mining, Quarrying, and Oil and Gas Extraction | Management of Companies and Enterprises | Management and Remediation Services | Management an

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Was there a carbon monoxide detector present at the location? ☐ Yes ☐ No ☐Unknown							
If yes, was it operational? ☐ Yes ☐ No ☐Unknown							
Deced on the	FOR FINAL DETERMINATION ONLY: Based on this investigation what was the primary determination for the source of the exposure?						
Based on tr	nis investigation	what was the primary determination for the sou	irce of the exposure?				
Exposure Fire	hicle/Automobile	☐Zamboni ☐Heating system ☐Fixed appliance (grill, stove, space heater, etc.)	□ Portable appliance (stove, water heater, etc.) □ Generator □ Power Tools (mowers, power washer, etc.)				
Secondary	source (if applic	cable):					
e DFire	e hicle/Automobile	☐Zamboni ☐Heating system ☐Fixed appliance (grill, stove, space heater, etc.)	☐ Portable appliance (stove, water heater, etc.) ☐ Generator ☐ Power Tools (mowers, power washer, etc.)				
Was the expo	sure associated wit	th an incident or natural disaster?	☐ Yes ☐ No ☐Unknown				
NOTES:							

Iowa Department of Public Health

CONFIDENTIAL PATIENT NAME:

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