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 acquired: ☐ In USA, outside reporting state 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 date:

Fax: 515-281-4529

Percent:

Result:

☐ Low

☐ See Notes

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:				Jo	ob title:							
	Worked after				Facility	name:							
	symptom onset:	☐ Yes	☐ No	Unknown									
Da	ate worked from:				Ac	ddress:							
	Date worked to:	/	/		Zip	o code:							
	Removed from	/	/			City:				1			
	duties:	☐ Yes	☐ No	☐ Unknown		C.t.y.			State:		Cou	nty:	
	Date removed:				F	Phone:		-		•			
		/	/						Гуре:				
		dle food:	☐ Yes		Unknown		Work in a h			Yes	☐ No	□ U	nknown
At	ttend or provide ch				Unknown			tient care d					
		d school:	Yes		Unknown			nealth care		☐ Yes	☐ No	Шυ	nknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown Health care worker type:													
						l.			l				
	Occupation #2:				Jo	ob title:							
	Worked after				Facility	name:							
	symptom onset:	☐ Yes	☐ No	Unknown									
Da	ate worked from:	,	,		Ac	ddress:							
	Data wallad ta	/	/		7:-								
	Date worked to:	,	,		ے ادام ا	o code:							
	Removed from	/			+	City:							
	duties:	☐ Yes	☐ No	□ Unknown		City.			State:		Cou	ntv.	
	Date removed:				-	Phone:			Otato.		000	iity.	
	24.0 .00704.	/	/				()-	- 7	Гуре:				
	Han	dle food:	☐ Yes	□ No □	Unknown		Work in a h			☐ Yes	☐ No	U	nknown
At	ttend or provide ch	nild care:	☐ Yes		Unknown		Direct pa	tient care d	luties in				
	Attend	d school:	☐ Yes		Unknown			nealth care		Yes	☐ No	□ U	nknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unkr					Unknown	nown Health care worker ty			er type:				
	OSPITALIZATION		☐ Yes 「	∃No □ Unk	nown								
	as the case hosp	italized? [d at onthe	· □ ∨		Link	leolation t	une (cot	w).	
	as the case hosp	italized? [_ No □ Unk		d at entry	: Yes	□ No □	Unk	Isolation t	ype (entr	y):	
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Wa	as the case hosp	italized? [Isolated	-	:				ype (entr		
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Cı	Hospital: Admission date: urrently isolated:	/ Yes DIAGNOSI	/ No [] Unk	Isolated Discha	arge date	:/	/		Days h	ospitalize	ed:	ngnosis
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Cu CL	Hospital: Admission date: urrently isolated: INICAL INFO & E Reporting source List any pre-exiting source Abdominal paid Abnormal sensity Acrodynia Anxiety	/ Yes DIAGNOSI ce: sting med	No S Laborar Decre Decre Depre Depre Deve Dyspi	Unk litions: eased concentre eased memory essed thoughts lopmental delance	Isolated Discha Current isola Physication	arge date ation type sician learing importantiation intermediate inter	: /	Pois Muscle Muscle Muscle Nausea Nervou	stiffness twitching weaknes a sness	Days h	ospitalize	Respira Skin rasammati Speech	agnosis tory failure shes or on impairments
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Cu CL	Hospital: Admission date: urrently isolated: INICAL INFO & E Reporting source List any pre-exitation and pair Abdominal pair Abnormal sensity Arrhythmia Bloody diarrhet Chest pain Chest pain Chills Cognitive impair Constipation Cough	/ Yes DIAGNOSI ce: sting med in sations ea	No S Laborar Decre Decre Depre Deyer Emot Eryth Exfoli Fatigu Fever Hair I Head Non-fata	Unk ditions: eased concentre eased memory essed thoughts lopmental delance ional changes ematous/puriticating Dermatitive coss ache	Isolated Discha Current isola Physication	sician learing important in the sound in th	npairments bar pain renal bas ste ngs rophy sciculation in ducational in 4 hours 1-	Pois Muscle Muscle Muscle Nausea Nervou Oral sti Parethe Periphe Poor coformation p	stiffness twitching weaknes a sness ogical mal nging sentions erial vision ordination ordination orovided?	Days h	ospitalize	Respira Skin ras Skin ras Skin ras Speech Syncop Fremor Jrinary /ertigo /omitin Weakne Other: Unk -3 weel	agnosis tory failure shes or on impairments e complaints g ess snown ss □> 3 weeks
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Cu CL	Hospital: Admission date: urrently isolated: INICAL INFO & E Reporting source List any pre-exited and pair	/ Yes DIAGNOSI ce: sting med in sations ea airment Fatal = ne missed	/ No [S] Labora lical cond Decre Decre Depre Dysp Emot Eryth Exfoli Fatigu Fevel Hair legeration Head] Non-fata No [Unk tory ditions: eased concentres assed memory essed thoughts lopmental delance ional changes ematous/puriticating Dermatitive coss ache Unknown	Isolated Discha Current isola Physical ation	sician learing important in the sound in th	npairments bar pain renal bas steengs rophy sciculation in ducational in 4 hours 1-month > 100 ke in the pa	Muscle Muscle Muscle Muscle Nausea Nervou Oral sti Parethe Periphe Poor coformation p 2 days 3 2 months st?	stiffness twitching weaknes a sness ogical mal nging sentions esias eral vision ordination ordination orovided? -5 days [-5 days [-7 > 3 mo	Days h	ospitalize	Respira Skin ras sammati Speech Sweats Syncop Fremor Jrinary /ertigo /omitin //eakne Other: Unk -3 week s _> /	agnosis tory failure shes or on impairments e complaints g ess snown (s □> 3 weeks 1 year

CONFIDENTIAL PATIENT NAME: Iowa Department of Public Health											
TREATMENT What was the treatment level? None given or recommended Self ED Patient refused Recommended – not done Outpatient Inpatient											
EXP	DSURES										
Has	the case been expos	ed to any of the follo	owina in	the last 6	0 davs	? □	Yes □	No □U	nknown		
	•	e an exposure tab	_		-					ion if ne	cessary.
Exposure List	Alcohol, homemade or illegal Antiques (clocks, mirrors, lamps) Batteries Broken thermometers, barometers, fluorescent light bulbs, or electrical switches Chemical plants (chloralkali or chlorine) Commercial fishing Contaminated air, soil, dust, water, food or drink Dental amalgam Dental medicine Electrical work Electrical equipment making			Electroplating Emergency response Fluorescent light bulbs manufacturing Fungicide manufacturing Hazardous waste sites Imported jewelry Incinerators Laboratories Manufacturing/use of medical devices Mercury recycling Outdated medicines (laxatives, worming medications, teething powders)				rices	Paint - spraying, manufacturing, industrial Pesticides/rodenticides Petroleum refineries Photography Pigment making Pulp/paper mills Religious practices using elemental mercury (azogue) such as Voodoo, Palo, Santeria, or Espiritismo Scientific chemicals, equipment, or old science sets Smelter Vaccinations		
	Exposure	#1									
Location R:			Exposur Name o Location	f	/	/		Ex	κρosure Time:		
	Work										
	Farm, ranch, acreage Orchard or Garden		Address								
	Community Building Community Outdoor \$	Site or Recreation	Zip code	e:					Phone:	-	-
	Travel out of area		Travel lo	ocation:							
=	Commercial Building Unknown			eparture:		/	/		Travel return:		/ /
	on for exposure:					xposure o	r Secor	ndary W	ork Exposure,	complete tl	ne following:
□ Hobby or small market work □ Work exposure □ Secondary Work Exposure (Take home poisoning) □ Volunteer or unpaid work □ Other: □ Hobby or small Status □ Self-employed □ Employed by other		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 intentional? Were others exposed? Yes No Unknown Yes No Unknown Total number of exposed:									1	
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 []] No []	Unknow Unknow Unknow Unknow	rn rn	·	sea:
Comments:											
						·					

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: 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: If Reason for exposure= Work exposure or Secondary Work Exposure, complete the following: **Work Category Employment** Status ☐ Agriculture, Forestry, Fishing and Hunting Real Estate and Rental and Leasing ☐Self-employed Mining, Quarrying, and Oil and Gas Extraction Professional, Scientific, and Technical Employed by Utilities other □ Construction Administrative and Support and Waste Management and Remediation Services Manufacturing ☐Wholesale Trade Educational Services Health Care and Social Assistance □Retail Trade ☐Transportation and Warehousing Arts, Entertainment, and Recreation

Location Reason for exposure: ☐Hobby or small market work ☐Work exposure Secondary Work ☐ Management of Companies and Enterprises Exposure (Take home poisoning) ☐Volunteer or unpaid work Other: Information sector ☐ Accommodation and Food Services ☐Finance and Insurance ☐ Public Administration ☐ Yes ☐ No ☐Unknown Was the exposure intentional? ☐ Yes ☐ No ☐Unknown Were others exposed? Total number of exposed:__ ☐ Yes ☐ No ☐Unknown Is this what the patient suspects as the reason for poisoning? Yes No Unknown
Yes No Unknown Is this what the medical provider suspects as the reason for poisoning? Is this what another source suspects as the reason for poisoning? If yes, what source? Comments:

CONFIDENTIAL PATIENT NAME: Iowa Department of Public Health									
Does the case have a drinking water exposure? Yes No Unknown For each drinking water exposure, complete a drinking water exposure table. Attach additional information if necessary.									
Location			Drinking water source						
osare	☐ Home ☐ Work	_	If well water	er, what was the date of la	ast microbiologic and/or nitrate testing?				
Drinking water exposure #1	☐ Farm, ranch, acreage ☐ Orchard or Garden ☐ Community Building ☐ Community Outdoor Site of Recreation Area	or	If municipal, rural, or bottled, what is the name of the provider?						
Travel out of area Commercial Building Unknown			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						
#2	Location		Drinking wate	r source □Municipal □	Rural water Private well Bottled				
sure	☐ Home ☐ Work		_		ast microbiologic and/or nitrate testing?				
odx	☐ Farm, ranch, acreage ☐ Orchard or Garden								
water 6	Community Building Community Outdoor Site	or	If municipa	al, rural, or bottled, what is	s the name of the provider?				
Drinking water exposure #2	☐ Travel out of area ☐ Commercial Building ☐ Unknown		Have there been any recent changes to the: Taste of the water? Odor of the water? Yes Yes Yes						
_	Did the case eat fish, shellfish	h or seafood in	the past two we	eeks?	☐ Yes ☐ No ☐Unknown				
Fish Consumption	If yes, how much fish did t	the case eat?		one serving per week rings per week	☐ 4-6 servings per week ☐ 7 or more servings per week				
F	Where did the fish	come from?	□Caught by □Store boug □School	self, family, friend ht	Community Gathering Work Restaurant				
	e last two weeks has the cas			Maria Patr					
	Over the counter medicines?		lo Unknown						
	Prescription medicines?								
٨	lutritional supplements?	☐ Yes ☐ No	o Unknown If yes, list:						
H	lerbal supplements?	☐ Yes ☐ No	o Unknown If yes, list:						
Homeopathic medicines? ☐ Yes ☐ N			lo Unknown If yes, list:						
II	licit drugs?	☐ Yes ☐ No	□Unknown	If yes, list:		_			
			EOD EINA	L DETERMINATION (ONII V.	_			
Base	ed on this investigation w	hat was the			_				
Anti Batt Bro Che Cor Cor Der Der Elec	chol, homemade or illegal iques (clocks, mirrors, lamps) teries ken thermometers, barometers light bulbs, or electrical switchermical plants (chloralkali or chlomercial fishing haminated air, soil, dust, water hal amalgam hal medicine ctrical work ctrical equipment making	es orine)	Fungicide ma Hazardous w Imported jew Incinerators Laboratories Manufacturin Mercury recy Outdated me	esponse ight bulbs manufacturing anufacturing vaste sites elry g/use of medical devices	Paint - spraying, manufacturing, industrial Pesticides/rodenticides Petroleum refineries Photography Pigment making Pulp/paper mills Religious practices using elemental mercury (azogue) such as Voodoo, Palo, Santeria, or Espiritismo Scientific chemicals, equipment, or old science sets Smelter Vaccinations				
Secondary source, if applicable: Choose from table above									
Was	the exposure associated with a	an incident or na	atural disaster?		☐ Yes ☐ No ☐Unknown				

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CONFIDENTIAL PATIENT NAME: ADDITIONAL LABORATORY INFORMATION

	ADDITIONAL	LAB #1	
Test Name ☐Mercury (Hg) Occupational ☐Mercury (Hg) Blood	Mercury (Hg) Urine (24 hr)	Mercury (Hg)/creatinine (Cr) ratio	☐Heavy Metal Panel ☐Total Volume
Mercury (Hg) Urine (spot/random) Date reported		/ Callaction times	
to IDPH: / /	Collection date: /	/ Collection time:	
	sult 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	□spot or random □ug/24 hr, mcg/24 hr, micrograms p □mL or milliliters □hours □% or percent □24 hr	Result: Low (L) High (H) * See comment
LABORATORY COMMENTS:			
	ADDITIONAL	LAB #2	
Test Name ☐Mercury (Hg) Occupational ☐Mercury (Hg) Blood ☐Mercury (Hg) Urine (spot/random)	Mercury (Hg) Urine (24 hr)	Mercury (Hg)/creatinine (Cr) ratio Creatinine (Cr or Crt) concentration	☐Heavy Metal Panel ☐Total Volume
Date reported to IDPH: / /	Collection date: /	/ Collection time:	
	sult 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	□spot or random □ug/24 hr, mcg/24 hr, micrograms p □mL or milliliters □hours □% or percent □24 hr	Result: Low (L) High (H) * See comment
LABORATORY COMMENTS:			
NOTES:			