CONFIDENTIAL Iowa Department of Public Health Status: Confirmed
Suspect
Exposure ☐ Probable ☐ Not a case Methemoglobinemia 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: ☐ 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 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 Outbreak ☐ ARNP ☐ 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: 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: ☐ 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:					Job title:					
	Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown			ty name:							
	symptom onset: ate worked from:	res		OTIKTION		Address:					
	Date worked to:	/	/			Zip code:					
		/	/		2						
	Removed from duties:	☐ Yes	□No	☐ Unknow	/n	City:		State:		County:	
	Date removed:			OHMIOW	""	Phone:		Otate.	l	Oddity.	
		/			_			Гуре:			
١		dle food:	Yes	□ No [	Unknown		Work in a health care		☐ Yes	□ No □	Unknown
At	ttend or provide cl	nild care: d school:	☐ Yes		Unknown Unknown		Direct patient care d lab or health care		☐ Yes	□ No □	Unknown
	Work in a lat		Yes		Unknown		Health care work		□ res		UTIKTIOWIT
	WOIK III a lai	J setting.	☐ 163				Tiealtii care work	er type.			
	Occupation #2:					Job title:					
	Morked often				Facili	tunamai					
	Worked after symptom onset:	☐ Yes	☐ No	Unknow		ty name:					
	ate worked from:					Address:					
<del>                                     </del>	Date worked to:	/	/		7	Zip code:					
		/	/						,	1	T
	Removed from duties:	☐ Yes	□ No	☐ Unknow	/n	City:		State:		County:	
	Date removed:					Phone:		Oldio.	1	oounty.	
		/	/					Гуре:			
						∐ No ∐	Unknown				
Ai	ttend or provide cl	d school:	☐ Yes		☐ Unknown ☐ Unknown		Direct patient care d lab or health care		☐ Yes	Unknown	
	Work in a lat		Yes		Unknown		Health care work	_	□ 103	□ No □	OTIKTOWIT
	HOSPITALIZATIONS										
НС	SPITALIZATION	S									
	SPITALIZATION as the case hosp		☐ Yes [	] No □ Uı	nknown						
			□ Yes [	] No □ Ui		ed at entry	/: ☐ Yes ☐ No ☐	Unk I	Isolation ty	rpe (entry):	
Wa	as the case hosp	italized?		] No □ Uı	Isolate		/:			rpe (entry): _	
Wa	as the case hosp  Hospital:  Admission date:	italized?	/		Isolate	harge date	e: <u>/</u> /			_	
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Cu	Hospital: Admission date: urrently isolated: INICAL INFO & I Reporting source List any pre-exi Symptoms:  Anxiety  Bluish appears	/  /Yes DIAGNOS ce:  sting med	/ No [  S   Labora	Unk  tory  litions:  Failure to Fatigue Frustrat	Isolate Discl Current isoPh to thrive ed easily	harge date	□ Lack of energy □ Mental retardation □ Personality change	on Contro	Days ho	ospitalized: _  Self d  Seizures	f breath
Wa Cu	Hospital: Admission date: urrently isolated: INICAL INFO & I Reporting source List any pre-exi Symptoms:  Anxiety Bluish appears Confusion	/ Yes DIAGNOS ce:  sting med	/ No [  S   Labora	Unk  tory  ditions:  Failure to Fatigue Frustrate Headace	Isolate Discl Current isoPh to thrive ed easily he	harge date	Pois  Lack of energy  Mental retardation	on Contro	Days ho	Self d	f breath
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☐Outpatient

☐ Recommended – not done

☐ Inpatient

CONFIDENTIAL F	:					Iowa Department of Public Health							
EXPOSURES													
Has the case been expos	sed to any of the foll	owing	in the last 6	0 days?	· [	Yes 🗌	No [	Unkn	own				
Complete	e an exposure tal	ole for	each kno	wn exi	osure	Attacı	h add	ditiona	al informat	tion if ned	cessary.		
						•							
Recreational water - lake/river Recreational water - swimming pool/spa			Anesthetics - inhaled or dermal Medications					Topical pain meds Contaminated food or drink					
Exposure	· #1	1											
Exposure	, n 1	Evnos	cure Date:	,	1			Evnos					
Location		Exposure Date: / / Expos					LXpus	sure Time:					
Home		Locat	ion:										
<ul><li>☐ Work</li><li>☐ Farm, ranch, acreage</li></ul>	<b>)</b>	Addre	ess:										
☐ Orchard or Garden													
☐ Community Outdoor \$			Zip code:						Phone:	_	-		
☐ Travel out of area			Travel location:								1		
<ul><li>Commercial Building</li><li>Unknown</li></ul>			l departure:		/	/			ravel return:		/	/	
			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						k Exposure, complete the following:  □ 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 sus Is this what the medical proles this what another source	ne reason for poisoning?				nown nown nown	Total number of exposed:  If yes, what source?							
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 ☐ 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? 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:

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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 Home	Drinking water source ☐Municipal ☐Rura	al water						
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?							
Travel out of area Commercial Building Unknown	Have there been any recent changes to the	E: Taste of the water?						
Location	Drinking water source							
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?							
Recreation Area Travel out of area Commercial Building Unknown	Have there been any recent changes to the	E: Taste of the water?						
In the last two weeks has the case taken:  Over the counter medicines? Yes No Unknown If yes, list:								
Prescription medicines? ☐ Yes ☐ N	lo Unknown If yes, list:							
Nutritional supplements? ☐ Yes ☐ I	lo Unknown If yes, list:							
Herbal supplements? ☐ Yes ☐ I	lo Unknown If yes, list:							
Homeopathic medicines? ☐ Yes ☐ I	o Unknown If yes, list:							
Illicit drugs? ☐ Yes ☐ N	o Unknown If yes, list:							
Has the case recently had a medical procedure that required a local anesthetic? Yes No Unknown								
What is the name of the provider? What anesthetic was used?								
FOR FINAL DETERMINATION ONLY:								
Based on this investigation what was the Recreational water - lake/river	e primary determination for the source of	•						
Recreational water - swimming pool/spa	☐Anesthetics - inhaled or dermal ☐Medications	☐Topical pain meds ☐Contaminated food or drink						
Secondary source (if applicable):								
☐Recreational water - lake/river ☐Recreational water - swimming pool/spa	☐Anesthetics - inhaled or dermal ☐Medications	☐Topical pain meds ☐Contaminated food or drink						
Was the exposure associated with an incident or	natural disaster?	☐ Yes ☐ No ☐Unknown						
NOTES:								

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Division of Environmental Health