Mercury

Agency: ______
Investigator: ______
Phone number: ______

STATE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Exposure
Reviewer initials:
Referred to another state:

CASE

Last name: ______
First and middle name: ______
Maiden name: ______ Suffix: ______
Address line: ______
Zip: ______ City: ______
State: ______ County: ______
Phone: ( )- - Type: ______
Long-term care resident: ☐ Yes ☐ No ☐ Unknown
Facility name: ______

Date of Birth: / / Estimated? ☐ Age:
Gender: ☐ Female ☐ Male ☐ Other ____
Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /
Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed
Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Parent/Guardian name: ______
Parent/Guardian phone: ( )- - Type: ______

EVENT

Diagnosis date: / / Onset date: / /
Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Outbreak related: ☐ Yes ☐ No ☐ Unknown
Outbreak name: ______
Exposure setting: ______
Epi-linked: ☐ Yes ☐ No ☐ Unk To whom: ______
Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown
State: ______ Country: ______

Healthcare provider information

Last name: ______
First name: ______
Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA
Facility name: ______
Address line 1: ______
Address line 2: ______
Zip code: ______ City: ______
State: ______ County: ______
Phone : ( )- - Type: ______

LABORATORY FINDINGS

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

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

Laboratory: ______ Accession #: ______ Collection date: / /
Date received: / / Specimen source: ☐ Blood ☐ Urine Result type: ☐ Preliminary ☐ Final
Test Type: ______ Test Result: ______
Percent: Result date: / / Result: ☐ High ☐ Out of Range ☐ 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:		Job title:					
Worked after symptom onset:	☐ Yes ☐ No ☐ Unknown	Facility name:					
Date worked from:	/ /	Address:					
Date worked to:	/ /	Zip code:					
Removed from duties:	☐ Yes ☐ No ☐ Unknown	City:		State:		County:	
Date removed:	/ /	Phone:	( )- - Type:				

Handle food:	☐ Yes ☐ No ☐ Unknown	Work in a health care setting:	☐ Yes ☐ No ☐ Unknown
Attend or provide child care:	☐ Yes ☐ No ☐ Unknown	Direct patient care duties in lab or health care setting:	☐ Yes ☐ No ☐ Unknown
Attend school:	☐ Yes ☐ No ☐ Unknown	Health care worker type:	
Work in a lab setting:	☐ Yes ☐ No ☐ Unknown		

Occupation #2:		Job title:					
Worked after symptom onset:	☐ Yes ☐ No ☐ Unknown	Facility name:					
Date worked from:	/ /	Address:					
Date worked to:	/ /	Zip code:					
Removed from duties:	☐ Yes ☐ No ☐ Unknown	City:		State:		County:	
Date removed:	/ /	Phone:	( )- - Type:				

Handle food:	☐ Yes ☐ No ☐ Unknown	Work in a health care setting:	☐ Yes ☐ No ☐ Unknown
Attend or provide child care:	☐ Yes ☐ No ☐ Unknown	Direct patient care duties in lab or health care setting:	☐ Yes ☐ No ☐ Unknown
Attend school:	☐ Yes ☐ No ☐ Unknown	Health care worker type:	
Work in a lab setting:	☐ Yes ☐ No ☐ Unknown		

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: ____________ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): ________

Admission date: / / Discharge date: / / Days hospitalized: ________

Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type:

CLINICAL INFO & DIAGNOSIS

Reporting source: ☐ **Laboratory** ☐**Physician** ☐**Poison Control** ☐**Self diagnosis**

List any pre-existing medical conditions: ____

Symptoms

Symptoms:

☐Abdominal pain	☐Decreased concentration	☐Hearing impairments	☐Muscle stiffness	☐Respiratory failure
☐Abnormal sensations	☐Decreased memory	☐Insomnia	☐Muscle twitching	☐Skin rashes or inflammation
☐Acrodynia	☐Depressed thoughts	☐Irritability	☐Muscle weakness	☐Speech impairments
☐Anxiety	☐Developmental delay	☐Joint/Lumbar pain	☐Nausea	☐Sweats
☐Arrhythmia	☐Dyspnea	☐Kidney or renal malfunction	☐Nervousness	☐Syncope
☐Bloody diarrhea	☐Emotional changes	☐Memory loss	☐Neurological malfunctions	☐Tremor
☐Chest pain	☐Erythematous/puritic rash	☐Metallic taste	☐Oral stinging sensations	☐Urinary complaints
☐Chills	☐Exfoliating Dermatitis	☐Mood swings	☐Palpitations	☐Vertigo
☐Cognitive impairment	☐Fatigue	☐Muscle atrophy	☐Parethesias	☐Vomiting
☐Constipation	☐Fever	☐Muscle fasciculation	☐Peripheral vision impairment	☐Weakness
☐Cough	☐Hair loss	☐Muscle pain	☐Poor coordination	☐ Other:
	☐Headache			

Health Impact: ☐ Fatal ☐Non-fatal	Was educational information provided? ☐ Yes ☐ No ☐ Unknown
What was the time missed from work/school or daily activities?	☐ < 24 hours ☐1-2 days ☐3-5 days ☐1-2 weeks ☐2-3 weeks ☐> 3 weeks ☐> 1 month ☐ > 2 months ☐ > 3 months ☐> 6 months ☐> 1 year
Current smoker? ☐ Yes ☐ No ☐ Unknown	If no, did you smoke in the past? ☐ Yes ☐ No ☐ Unknown If yes, date quit: / /
What resources were used by the patient? ☐None known ☐Treated on site ☐Work clinic or nurse ☐911 Call ☐Poison Control Call ☐ED Only ☐Visit to Physician/med provider ☐Hospitalization	

TREATMENT

What was the treatment level? ☐ None given or recommended ☐ Self ☐ED ☐Patient refused ☐ Recommended – not done ☐Outpatient ☐ Inpatient

EXPOSURES

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			
	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)	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

Exposure Date: / / Exposure Time:

Location
- ☐ Home
- ☐ Work
- ☐ Farm, ranch, acreage
- ☐ Orchard or Garden
- ☐ Community Building
- ☐ Community Outdoor Site or Recreation
- ☐ Travel out of area
- ☐ Commercial Building
- ☐ Unknown

Name of Location:

Address:

Zip code: Phone: - -

Travel location:

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 Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment 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?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:_________________
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
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 #2

Exposure Date: / / Exposure Time:

Location
☐ Home
☐ Work
☐ Farm, ranch, acreage
☐ Orchard or Garden
☐ Community Building
☐ Community Outdoor Site or Recreation
☐ Travel out of area
☐ Commercial Building
☐ Unknown

Name of Location:			
Address:			
Zip code:		Phone:	- -
Travel location:			
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 Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment 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?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:________________
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
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
☐ Home
☐ Work
☐ Farm, ranch, acreage
☐ Orchard or Garden
☐ Community Building
☐ Community Outdoor Site or Recreation
☐ Travel out of area
☐ Commercial Building
☐ Unknown

Name of Location:			
Address:			
Zip code:		Phone:	- -
Travel location:			
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 Reason for exposure= **Work exposure** or **Secondary Work Exposure**, complete the following:

Employment 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?	☐ Yes ☐ No ☐Unknown	
Were others exposed?	☐ Yes ☐ No ☐Unknown	Total number of exposed:________________
Is this what the patient suspects as the reason for poisoning?	☐ Yes ☐ No ☐Unknown	
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:

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.

Drinking water exposure #1

Location	
☐ Home ☐ Work ☐ Farm, ranch, acreage ☐ Orchard or Garden ☐ Community Building ☐ Community Outdoor Site or Recreation Area ☐ Travel out of area ☐ Commercial Building ☐ Unknown	**Drinking water source** ☐Municipal ☐Rural water ☐Private well ☐Bottled **If well water, what was the date of last microbiologic and/or nitrate testing?** ______________________ **If municipal, rural, or bottled,** what is the name of the provider? ______________________ 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

Drinking water exposure #2

Location	
☐ Home ☐ Work ☐ Farm, ranch, acreage ☐ Orchard or Garden ☐ Community Building ☐ Community Outdoor Site or Recreation Area ☐ Travel out of area ☐ Commercial Building ☐ Unknown	**Drinking water source** ☐Municipal ☐Rural water ☐Private well ☐Bottled **If well water, what was the date of last microbiologic and/or nitrate testing?** ______________________ **If municipal, rural, or bottled,** what is the name of the provider? ______________________ 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

Fish Consumption

Did the case eat fish, shellfish or seafood in the past two weeks?		☐ Yes ☐ No ☐Unknown
If yes, how much fish did the case eat?	☐ Less than one serving per week ☐ 1 to 3 servings per week	☐ 4-6 servings per week ☐ 7 or more servings per week
Where did the fish come from?	☐Caught by self, family, friend ☐Store bought ☐School	☐Community Gathering ☐Work ☐Restaurant

In the last two weeks has the case taken:

Over the counter medicines?	☐ Yes ☐ No ☐Unknown	If yes, list: ______________
Prescription medicines?	☐ Yes ☐ No ☐Unknown	If yes, list: ______________
Nutritional supplements?	☐ Yes ☐ No ☐Unknown	If yes, list: ______________
Herbal supplements?	☐ Yes ☐ No ☐Unknown	If yes, list: ______________
Homeopathic medicines?	☐ Yes ☐ No ☐Unknown	If yes, list: ______________
Illicit drugs?	☐ Yes ☐ 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 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)	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 an incident or natural disaster?	☐ Yes ☐ No ☐Unknown

ADDITIONAL LABORATORY INFORMATION

ADDITIONAL LAB #1

Test Name

☐Mercury (Hg) Occupational ☐Mercury (Hg) Urine ☐Mercury (Hg)/creatinine (Cr) ratio ☐Heavy Metal Panel
☐Mercury (Hg) Blood ☐Mercury (Hg) Urine (24 hr) ☐Creatinine (Cr or Crt) concentration ☐Total Volume
☐Mercury (Hg) Urine (spot/random) ☐Mercury (Hg) concentration

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
☐spot or random
☐ug/24 hr, mcg/24 hr, micrograms per 24 hours
☐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) Urine ☐Mercury (Hg)/creatinine (Cr) ratio ☐Heavy Metal Panel
☐Mercury (Hg) Blood ☐Mercury (Hg) Urine (24 hr) ☐Creatinine (Cr or Crt) concentration ☐Total Volume
☐Mercury (Hg) Urine (spot/random) ☐Mercury (Hg) concentration

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
☐spot or random
☐ug/24 hr, mcg/24 hr, micrograms per 24 hours
☐mL or milliliters
☐hours
☐% or percent
☐24 hr

Result:
☐Low (L)
☐High (H)
☐*
☐See comment

LABORATORY COMMENTS:

NOTES: