

CASE REPORT FORM

Lead Absorption

Lead absorption _____	EpiSurv No. _____
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Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 Self-notification Outbreak Investigation Other

Name of reporting source _____ Organisation _____

Date reported* _____ Contact phone _____

Usual GP _____ Practice _____ GP phone _____

GP/Practice address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Case Identification

Name of case* Surname _____ Given Name(s) _____

NHI number* _____ Email _____

Current address* Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Phone (home) _____ Phone (work) _____ Phone (other) _____

Case Demography

Location TA* _____ DHB* _____

Date of birth* _____ OR Age _____ Days Months Years

Sex* Male Female Indeterminate Unknown

Occupation* _____

Occupation location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Alternative location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori
<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)	*(specify) _____		

Basis of Diagnosis**LABORATORY CRITERIA**Whole blood lead concentration: * _____ $\mu\text{mol/l}$ or _____ $\mu\text{g/dl}$ Type of specimen* Capillary Venous Unknown

Date specimen collected* _____

Reason for specimen* Symptoms present Paint removal Routine screening Other (specify)* _____ Unknown**STATUS*** Under investigation Confirmed Not a case**ADDITIONAL LABORATORY DETAILS**

Other laboratory details (e.g. environmental sampling)

Clinical Course and OutcomeDate of onset* _____ Approximate UnknownHospitalised* Yes No UnknownDate hospitalised* _____ Unknown

Hospital* _____

Died* Yes No UnknownDate died* _____ UnknownWas this disease the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death* _____

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*

 Yes **If yes, specify Outbreak No.*** _____**Risk Factors**Lives in or regularly visits a building built pre-70s* Yes No Unknown

If yes, specify type of building* _____

If yes, building has paint chalking/flaking* Yes No UnknownIf yes, old paint is being, or has recently been stripped* Yes No UnknownIf yes, building is undergoing, or has recently undergone alterations or refurbishment* Yes No UnknownCase plays in soil containing paint debris* Yes No UnknownCase ingests substances such as soil, dirt etc (pica)* Yes No UnknownCase has an occupation which involves exposure to lead* Yes No UnknownClose contact of case (e.g. caregiver) has an occupation which involves exposure to lead* Yes No Unknown

If yes, specify occupation* _____

If yes, specify relationship to case* _____

