



Mail or fax completed form to:  
 WA State Dept of Health  
 Childhood Lead Poisoning  
 Prevention Program  
 PO Box 47846  
 Olympia, WA 95604-7846  
 Fax (360)236-3059

LHJ Use ID \_\_\_\_\_  
 Reported to DOH Date \_\_\_/\_\_\_/\_\_\_

Classification  
 Confirmed  
 Probable

Outbreak-related  
 LHJ Cluster# \_\_\_\_\_  
 LHJ Cluster Name: \_\_\_\_\_  
 DOH Outbreak # \_\_\_\_\_

# Child Blood Lead

County \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_/\_\_\_/\_\_\_

Investigation start date: \_\_\_/\_\_\_/\_\_\_

Reporter (check all that apply)  
 Lab  Hospital  HCP  
 Public health agency  Other

OK to talk to case?  Yes  No  Don't know

Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 Primary HCP name \_\_\_\_\_  
 Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
 Address \_\_\_\_\_  Homeless  
 City/State/Zip \_\_\_\_\_  
 Phone(s)/Email \_\_\_\_\_  
 Alt. contact  Parent/guardian  Spouse  Other Name: \_\_\_\_\_  
 Zip code (school): \_\_\_\_\_ Phone: \_\_\_\_\_ Grade \_\_\_\_\_  
 School/child care name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
 Gender  F  M  Other  Unk  
 Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino  
 English speaking?  Y  N  Unk  
 Native language \_\_\_\_\_  
 Race (check all that apply)  
 Amer Ind/AK Native  Asian  
 Native HI/other PI  Black/Afr Amer  
 White  Other

## CLINICAL INFORMATION

### Clinical Findings

**Y N DK NA**

- Any consistent symptom for elevated lead level  
 Abdominal pain  
 Lethargy/decreased activity  
 Nausea, vomiting, constipation or diarrhea  
 Loss of appetite  Muscle weakness  
 Hyperactivity  Irritability or behavior change  
 Other: \_\_\_\_\_

- Ever referred for neurological, developmental or educational assessment  
 Specify: \_\_\_\_\_

### Reason for lead test

- Routine screen  Special screening project  
 Symptoms of lead poisoning  Known exposure to lead  
 Anemia/iron deficiency  Parental request  
 Risk factors for lead exposure  
 Other reason: \_\_\_\_\_

**Y N DK NA**

- History of blood lead tests, either before or after the elevated lead level was found

Collect date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_(µg/dL)

Sample type:  capillary  venous  unknown

Collect date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_(µg/dL)

Sample type:  capillary  venous  unknown

**Y N DK NA**

- Follow-up or confirmatory lead tests scheduled  
    History of a hematocrit or hemoglobin test for iron status

Collect date: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_

### Laboratory

#### Elevated lead level

Collect date: \_\_\_/\_\_\_/\_\_\_ Date results received: \_\_\_/\_\_\_/\_\_\_

Result: \_\_\_\_\_(µg/dL)

Sample type:  capillary  venous  unknown

### NOTES

**EXPOSURE (over child's lifetime)**

**Current home type**

- Single family  Multiple unit  Mobile home

**Home ownership**  Owned  Rented  Public housing

If not owned by family, give owner's name and phone number: \_\_\_\_\_

Years lived in home \_\_\_\_\_

If less than a year list previous address: \_\_\_\_\_

Addresses of other places the child regularly spends time, such as day care or homes of friends or relatives: \_\_\_\_\_

Year home constructed  Exact year, if known \_\_\_\_\_

- 1980+  1960-79  1950-59  
 1940-49  1920-39  Before 1920

**Source of water for home**

- Public water supply  Small water system  
 Private well  Other \_\_\_\_\_

**Y N DK NA**

- Recent repairs/renovations done in the home  
 Describe: \_\_\_\_\_
- Peeling or flaking paint inside or outside home  
 Describe: \_\_\_\_\_
- Spends time in areas with flaking or peeling paint  
 Exposed to soil outside home with peeling exterior paint  
 Seen putting paint chips in mouth  
 Seen chewing on painted surfaces in home

- Lives or plays in former orchard site (orchards on property before 1950)
- Exposed to soil contaminated by Tacoma smelter plume
- Handmade or imported ceramics (especially Mexican pots) used for cooking or storing food
- Chili or tamarind candy imported from Mexico
- Played with toys recalled due to lead content

**Y N DK NA**

- Put metal or painted jewelry in mouth
- Household member in occupation involving lead (e.g., radiator repair shops, battery manufacturer or dismantler, lead or brass foundry or smelter)  
 Specify: \_\_\_\_\_
- Child or household member with hobbies involving lead (e.g., soldering, stained glass, ceramics, lead shot, casting bullets, fishing sinkers, shooting at a rifle range or gun club)  
 Specify: \_\_\_\_\_
- Received alternative medications  
 Azarcon  Rueda  Maria Luisa  Greta  
 Liga  Coral  Alarcon  Pay-loo-ah  
 Bali Goli  Ghasard  Kandu  
 Estomaquil  Alkohol (kohl)  
 Other, specify \_\_\_\_\_
- Recently traveled to foreign country  
 Dates/locations: \_\_\_\_\_
- Recently immigrated or adopted from foreign country  
 Specify country: \_\_\_\_\_
- Covered by Medicaid
- Receives WIC Nutrition benefits
- Attends Head Start or Early Head Start

**How was this person likely exposed to lead:**

- Paint  Drinking Water  Other country  Job  
 Hobby  Candy, toy  Alternative medication  
 Soil  Other specify \_\_\_\_\_  Unknown

**Where did exposure probably occur?**

- U.S. but not WA (State: \_\_\_\_\_)
- In WA (County: \_\_\_\_\_)
- Not in U.S. (Country/Region: \_\_\_\_\_)
- Unknown

**Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):** \_\_\_\_\_

- No risk factors or exposures could be identified
- Patient could not be interviewed

**PATIENT PROPHYLAXIS/TREATMENT**

**Y N DK NA**

- Chelated Date complete: \_\_\_\_\_
- Others in the household (provide information below for each household members and attach to case investigation form)

Name	Relation	Age	Tested?	Collection date	Result (ug/dL)
------	----------	-----	---------	-----------------	----------------

**PUBLIC HEALTH ISSUES**

**Y N DK NA**

- Need for environmental risk assessment  
 If yes, OK to release patient's name and information to contractor
- Environmental samples were collected
- Other environmental risks in home  
 Asthma trigger  Fall hazards  Mold  
 Other, specify: \_\_\_\_\_

**PUBLIC HEALTH ACTIONS**

- Counseling on measures to avoid exposure
- Follow up/confirmatory blood lead tests recommended
- Referral to CTED's Lead Hazard Control Program
- Referral to developmental/educational assessment
- Referral to master home environmentalist
- Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_ / \_\_\_\_ / \_\_\_\_