

-- Insert local health jurisdiction logo here --

**REPORTING
HEALTHCARE PROVIDER:
FAX THIS PAGE ALONG
WITH LAB REPORT TO:**
- - Insert local health jurisdiction contact info here

Montana Department of Public Health and Human Services
Administrative Rule on Reportable Blood Lead [ARM
37.114.203]
a) Lead levels in a capillary blood specimen of \geq 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in a person less than 16 years of age
b) Lead levels in a venous blood specimen at any level for all ages



Lead Poisoning Case Report

TO BE COMPLETED BY THE REPORTING HEALTHCARE PROVIDER

Today's Date: _____ Reporting Provider: _____ Ph: _____ F: _____

Blood Lead Test Date: _____ Result: _____ $\mu\text{g}/\text{dL}$ Capillary Venous (confirmatory)

Is Follow-Up Testing Scheduled? Yes No N/A When is it Scheduled (date)?: _____

Patient's Name (First, Last, MI): _____ DOB: _____ Sex: F or M

Residential Address (physical): _____ City: _____ State: _____ Zip Code: _____

Race (circle all that apply): Asian | African American | White | Native American | Alaskan Native | Native Hawaiian | Other Pacific Islander

Ethnicity Latino/Hispanic? Yes or No

Patient's Contact Number: _____ If a Minor, Guardian/Parent Name: _____

This questionnaire serves as a tool to show that appropriate control measures have been implemented per ARM 37.114.501. The Montana Department of Public Health and Human Services requests this questionnaire be entered in MIDIS and/or faxed to the CD Epidemiology Section at 1-800-616-7460. Please direct questions to Amy.Hallmark@mt.gov or (406) 444-0057.

TO BE COMPLETED BY -- insert local health jurisdiction name here --

Today's Date: _____

Ordering Physician Contacted? Yes / No If "Yes," re-testing has been scheduled? Yes / No / Unknown Date Scheduled: _____

If the patient is a child, do they attend a daycare? Yes No Unknown

Is the patient enrolled in Medicaid? Yes No Unknown

Is the patient a recipient of Women, Infants, and Children (WIC) Program Services? Yes No Unknown

Has the patient been placed in your home through the foster care system? Yes No Unknown

Does the patient live in or visit a home, daycare or other building built before 1978 with peeling or chipping paint, or with recent or ongoing renovation or remodeling? Yes No Unknown

Does the patient live (or have they previously lived) in assisted housing or received any financial assistance for housing? (ex. Housing Choice Voucher, Project-Based Section 8, Public Housing) Yes No Unknown

Does the patient live in a rental property? Yes No Unknown

Does the patient eat or chew on non-food items such as paint chips or dirt? Yes No Unknown

Is there a family member/friend who ever had an elevated blood level? Yes No Unknown

Should other household members be tested for elevated blood lead? Yes No Unknown

Additional people in the home that could be at risk (list here)

Is the patient a refugee, immigrant, or adopted from another country? Yes No Unknown

Country of Origin: _____ Country of last residence (if different): _____

Is the patient exposed to lead from a parent, relative or friend with jobs or hobbies involving? Please check all that apply:

<input type="checkbox"/> Pottery making, stained glass	<input type="checkbox"/> Painting – artistic, residential, commercial	<input type="checkbox"/> Valve and pipe fittings
<input type="checkbox"/> Smelting or mining	<input type="checkbox"/> Automotive repair or painting	<input type="checkbox"/> Brass/copper foundry
<input type="checkbox"/> Welding or soldering	<input type="checkbox"/> Lead ammunition – hunting, shoot sports, reloading, retained bullets	<input type="checkbox"/> Refinishing furniture
<input type="checkbox"/> Lead fishing weights or lures	<input type="checkbox"/> Hazardous materials/remediation	<input type="checkbox"/> Battery manufacturing/recycling
<input type="checkbox"/> Construction – renovation or repair		

Is the patient exposed to sources of lead in any of the following sources listed below? Please check all that apply:

- Drinking water (pre-1986 household plumbing/fixtures or private well)
- Product recalls or alerts due to a lead hazard. See US Consumer Product Safety Commission (www.cpsc.gov/Recalls); US Food & Drug Administration (<https://www.fda.gov/food/recalls-outbreaks-emergencies/alerts-advisories-safety-information>)
- Imported glazed pottery, leaded-glass, metal dishes, cookware, or food storage containers, antiques
- Food and drink: spices, candy, food canned/packaged outside of the US, wild game harvested with leaded ammunition, home distilled spirits
- Traditional remedies or nutritional supplements other than vitamins

Potential lead exposures not already indicated:

If the exposure was identified through occupational medical monitoring, indicate the following:

Industry (e.g., mining) _____ Occupation (e.g., electrician) _____

Employer _____ Employer Contact Information _____