Mail or fax completed form to:
WA State Dept of Health
Childhood Lead Poisoning
Prevention Program
PO Box 47825
Olympia, WA 98504-7825
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 ___/___/___
Contacted family ___/___/___
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 residence information (check all that apply):

☐ Single family ☐ Multiple unit ☐ Mobile home
☐ Owned ☐ Rented ☐ Section 8 ☐ 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 childcare 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 ☐ Alkohl (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 (µg/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 nutritional assessment
☐ Other, specify: ____________

NOTES

Was DOH assistance requested? ☐Yes ☐No If yes, list DOH contact name and date: ____________

Investigator ____________ **Phone/email:** ____________ **Investigation complete date** ___/___/___

Local health jurisdiction ____________ **Record complete date** ___/___/___