



Communicable Disease Epidemiology Section
 1400 Broadway
 PO Box 202951
 Helena, Montana 59620
 Phone 406-202-8866 or 24-hour # 406-444.0273
 Secure Fax: 1-800-616-7460

Follow Up Cadmium Exposure Questionnaire

Date this questionnaire was completed: _____

The follow-up questions below serve as a tool to show that appropriate control measures have been implemented per ARM 37.114.501. Review the Case Info tab in MIDIS for the additional, required case investigation information. **The Montana Department of Public Health and Human Services requests that this questionnaire be faxed to the CD Epidemiology Section at 1-800-616-7460.**

Patient's Name (First, Last, MI): _____ DOB: _____ Sex _____
 Race (Circle all that apply): AI/AN Asian Black White NHPI Ethnicity Latino/Hispanic? (Circle one) Yes or No
 Residential Address (physical): _____ City: _____ State: _____ Zip Code: _____

Ordering Physician Contacted? Yes No Unknown Date Completed: _____
 If "Yes," has an appropriate re-testing schedule been determined? Yes No Unknown Date Completed: _____

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

Exposure to secondhand smoke at home or in a vehicle? Yes No Unknown

Cigarette smoking status Current Former Never Number of cigarettes per day: _____

Is the patient exposed to contamination from a job, or from hobbies or at the homes of friends or relatives? Check all that apply.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> welding <input type="checkbox"/> mining <input type="checkbox"/> making or recycling nickel-cadmium or other batteries <input type="checkbox"/> using silver solder in jewelry making <input type="checkbox"/> operating a casting machine <input type="checkbox"/> manufacturing plastics <input type="checkbox"/> contacting contaminated water <input type="checkbox"/> working with high-speed bearings <input type="checkbox"/> working with photoelectric cells <input type="checkbox"/> working with semi-conductors <input type="checkbox"/> electroplating | <ul style="list-style-type: none"> <input type="checkbox"/> smelting zinc, lead, or copper <input type="checkbox"/> sanding or spaying paints that contain cadmium <input type="checkbox"/> working with smelting wastes <input type="checkbox"/> using or spreading some commercial fertilizers <input type="checkbox"/> contacting some children's metal jewelry <input type="checkbox"/> petroleum refining <input type="checkbox"/> using or demolishing material with cadmium pigments <input type="checkbox"/> exposures at landfill operations or municipal incinerators <input type="checkbox"/> working with or making galvanized steel <input type="checkbox"/> working with photoelectric cells <input type="checkbox"/> working with pigments in rubber, plastics, inks, paints, textiles, and ceramics |
|--|--|

Is the patient exposed to source of cadmium in any of the following meat food sources? Check all that apply.

- shellfish liver or other meat byproducts kidney

Potential cadmium exposures not already indicated: _____

Additional people in the home that could be at risk _____

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

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

Employer _____ Employer Contact Information _____