



Communicable Disease Epidemiology Section  
 1400 Broadway  
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## Follow Up Mercury 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 37.114.203. The Montana Department of Public Health and Human Services requests that this questionnaire be entered in MIDIS and 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

**Is the patient exposed to mercury in any of the following food sources or remedies? Check all that apply.**

- top predator fish (e.g., swordfish, tuna, and locally caught sports)
- [thimersol tincture](#)
- dental amalgam ("silver fillings")
- some cosmetics/skin lighteners
- [mercurochrome](#)
- [merthiolate tincture](#)

**Has the person been exposed to mercury in the following hobbies or occupations? Check all that apply.**

- mining gold or silver
- jewelry making
- dentistry
- hide-tanning and taxidermy
- furnace or flue maintenance

**Is the patient exposed to contamination from products that contain mercury? Check all that apply.**

- old alkaline batteries
- some button batteries
- broken thermometers
- fungicide in outdoor paint
- caulk fungicide
- broken fluorescent lights

**Is the patient exposed to contamination from emissions containing mercury? Check all that apply.**

- coal power plants
- municipal incinerators
- broken electrical switches
- broken barometers
- broken thermostats
- chlor-alkali production

**Potential mercury exposures not already indicated:** \_\_\_\_\_

**If the exposure was identified through occupational medical monitoring, include the follow:**

Industry (e.g. mining) \_\_\_\_\_ Occupation (e.g. electrician) \_\_\_\_\_

Employer \_\_\_\_\_ Employer Contact Information \_\_\_\_\_

Additional people in the home that could be at risk \_\_\_\_\_