- - 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 ≥ 3.5 micrograms per deciliter(µg/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: _____µg/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 emma.whithehead@mt.gov or (406) 444-3284.**

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
Do you live (or 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:

- ○ Pottery making
- ○ Smelting or mining
- ○ Welding or soldering
- ○ Lead fishing weights or lures
- ○ Construction – renovation or repair
- ○ Painting – artistic, residential, commercial
- ○ Automotive repair or painting
- ○ Lead ammunition – hunting, shoot sports, reloading
- ○ Hazardous materials/remediation
- ○ Valve and pipe fittings
- ○ Brass/copper foundry
- ○ Refinishing furniture
- ○ Battery manufacturing/recycling

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 (https://www.fda.gov/food/recalls-outbreaks-emergencies/alerts-advisories-safety-information)
- ○ Imported glazed pottery, leaded-glass, metal dishes, cookware, or food storage containers
- ○ Food: spices, candy, food canned or packaged outside of the United States, wild game harvested with leaded ammunition
- ○ 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 _____