

INVESTIGATION WORKSHEET

Confirmed

Probable

Suspect

Entered in DRSi?

LEAD POISONING

Reported to health dept?

POC:	•		•			lines and Case Definitions for reference. outbreak module at https://drsi.health.m		
(DEMO	GRAPHIC	CS				
NAME: (Last)	(Fir					_ PARENT/GUARDIAN:		
DOB://	AGE:	_ FMP:	SEX: M	F	Unk	RACE:		
UNIT:		SERV	TCE:	R	.ANK: _	DUTY STATUS:		
ADDRESS: (Street)						DoD ID:		
(City)		_ (State)	(Zip)		PHO	()	(h)	
(County)		_(Country)				()	(c)	
		CLINICAL	INFORMA	TION				
Provider:Y			Clinic/hosp	ital:				
Hospitalized	= '	:/_	Dischar	ge date:	/	/ Location:		
Deceased								
Y	N							
Symptomatic	Onset date:	//	Clinic date	:/_	/_	Diagnosis date://_		
Abdominal pain	Venous Bloo	od Lead Level (positive if great	er or equa	al to 3.5	5 uq/dl)?		
Constipation	Note: Pediatr	ric lead poisonin	g is only reporta	ble in chil	ldren ag	ges 6 years and under.		
Nausea		•	0 / 1		Ü			
Vomiting								
Fatigue								
Loss of appetite								
Irritability								
Headache								
Insomnia								
Memory loss								
Learning disability								
Neurological changes								
Slow growth								
Source or cause of exposure			Housing, childcare and/or school location					
	Y	N						
Is the likely source or cause of exposure known? If yes, describe the source or cause:			Does the child live on or off a military installation? On a military installation Off a military installation					
			Unknown					
		D	oes the child at On a milita	•		school on a military installation?		
			Off a milit	ary instal	llation			