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| Hazardous Substances Disease and Injury Reporting Case Form | | | | | | |
| To | **Te Mana Ora | Community and Public Health**  [**CW-NPHS-HealthProtection@tewhatuora.govt.nz**](mailto:CW-NPHS-HealthProtection@tewhatuora.govt.nz) | | Attention | **Medical Officer of Health** | Date |  |
| Region  (select one of the following) | | Waitaha | Canterbury  South Canterbury  Te Tai o Poutini | West Coast | | | | |
| **CAUTION:** Kia ora. This information is **legally privileged and confidential**. If you have received this message in error, please forward to the above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or reproduction of this message is prohibited. Failure to comply with this caution could result in legal action. Ngā mihi / thank you. | | | | | | |

**For queries call the on-call Health Protection Officer on 03 364 1777 OR after hours call the Christchurch Public Hospital switch board on 03 337 7899 and ask for the on-call Health Protection Officer.**

**Notifier Details**

Date ..…/.…./….. Name ……………………. Assessment Date ……/….../…...

Practice Phone ………………………….……………………..

**Case Demography**

Family Name First Name(s) ………………………………………..

Date of Birth …/…./…. NHI …………………………… Gender/Sex Male Female

Parent/Guardian Name(s)....………………………………………………………………………….

Address ………….………Home Phone ……………………...

………………….Mobile………................................

Ethnicity Occupation …………………….……………………

Has the patient/guardian been informed of this notification? Yes No

**Exposure Event**

Route Ingestion Inhalation Skin contact Eye Contact Unknown

Exposure onset .…/…./…. Place of Exposure ………………………………………………

Exposure Length < 24h 1 day – 1 month >1month unknown

Occupational exposure? Yes No

Is this case linked to other cases? …………………

**Substance**

Chemical name (if known) ……………………………………………………………………………

Product name ………………………………….Common name ……………………………………

**Lead poisoning:** lead level (umol/L) ………………………… Date of sample .…/…./….

**Assessment**

Symptoms and signs……………… …………………………………………………………………

Consistent with the substance exposure? Yes No Unsure