ADULT LEAD POISONING REPORT FORM

Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control, and Immunization Services (EDC-IS)
1350 N.W. 14th Street, Annex Building, Florida 33125

The Florida Department of Health in Miami-Dade received a positive laboratory result that is listed in the *Table of Reportable Diseases or Conditions to Be Reported Rule 64D-3.0029, Florida Administrative Code (FAC)* on the following patient:

Patient name: _____ DOB: _____ Lab report date: _____

Please complete the sections below and return to confidential fax# (305) 470-5533

Completing the information will supplement information provided for public health surveillance and Epidemiologic investigations as per Chapter 64D-3.030, *FAC*. HIPPA* does not change reporting obligations.

If you have any questions, call (305) 470-5660 and ask for _____

A. PATIENT DEMOGRAPHIC INFORMATION

Patient address: _____ City: _____State:_____ Zip Code: _____

Phone number: _____ Emergency Phone number: _____

Race: _____ Ethnicity: _____ Gender: ☐ Male ☐ Female

Country of Birth: _____ Entry Date to US: _____

Type of insurance: (please check) ☐ Public (i.e. Medicaid), ☐ Private, ☐ Other: _____

B. CLINICAL INFORMATION

Name of primary physician: _____ Physician Office: _____

Provider Address: _____City: _____ State: ___ Zip: _____

Provider Phone #: _____ Fax #: _____

Blood Lead Result: _____µg/dL Sample Date: ____/____/____

PLEASE ATTACH COPY OF ALL BLOOD LEAD TEST RESULTS

C. RISK OF LEAD EXPOSURE/ ENVIRONMENTAL HISTORY

Does the patient have an occupation that involves lead? ☐ Yes ☐ No ☐ Unknown

If yes: Is the patient self-employed? ☐ Yes ☐ No ☐ Unknown

What is the name of the company to which the patient is employed? _____

What is the patient's occupation/job duty? _____

Does the patient have a hobby or perform a routine activity that involves lead? ☐ Yes ☐ No ☐ Unknown

If yes, please identity the hobby or routine activity: _____

Does the patient perform work/hobby with lead at home? ☐ Yes ☐ No ☐ Unknown

If yes, please indicate where in the home (i.e. kitchen, basement, garage, etc.): _____

*HIPPA Section 45 CFR 160.203(c) and 45 CFR Section 164.512 (b)

Health Department use only: *Date:* _____ *Investigator:* _____ *Merlin#:*_____