Environmental Health Acute Arsenic Poisoning Case Report Form

Florida Department of Health
DOH/Division of Disease Control and Health Protection
Bureau of Epidemiology

Merlin Case Number: _____
Telephone number: (850) 245-4299
Fax number: (850) 414-6894

Demographic Information

Name: _____ Date of Birth: (mm/dd/yyyy) ____/____/____

Street Address: _____

City: _____ County: _____ Zip: _____

Name of Employer OR School: _____

Telephone #: Home: _____ Work: _____ Other: _____

Gender: ☐Male ☐Female **Race/Ethnicity:** ☐White ☐Black ☐Asian ☐Native American ☐Hispanic ☐Other: _____

Exposure Information

Did you eat fish or shellfish at some point during the three days before you were tested for arsenic? ☐ Yes ☐ No

*If Yes- review reporting guidelines before continuing interview.

Within a week of your illness, have you been?

☐Exposed to agricultural pesticides ☐Drinking well water ☐ Taking homeopathic medicines

☐ Exposed to CCA-treated wood ☐ Smoking _____ (n cigarettes/ per day)

☐Exposed to other possible arsenic sources (list sources) _____ ☐ Unknown

Poisoning intent: ☐Unintentional ☐Intentional (suicide, homicide) ☐ Unknown

If the exposure is potentially work-related, indicate the industry:

☐Agriculture ☐Industrial processing plant ☐Emergency response

☐Smelter industry ☐Glass manufacturing plant ☐Laboratory

☐Coal-burning facility ☐ Waste incinerator plant ☐Mining industry

☐Battery recycling ☐Computer Circuit board manufacturing

☐Other: _____ ☐Unknown

Type of work performed? _____

Case Number: _____ County: _____ Patient initials: _____

* Continue interview only if case is clinically compatible, in which a high index of suspicion exists, (patient's exposure history regarding location and time) or an epidemiologic link exists between this case and a confirmed case. Recommend retesting of urine after 72 hours of abstinence from seafood.

Health Effects and Medical Information

Date of illness onset (mm/dd/yyyy): _____/_____/_____ ☐ Unknown

Signs and Symptoms (Check all that apply):

☐ Severe abdominal pain	☐ Numbness	☐ Pulmonary edema
☐ Nausea	☐ Light-headedness	☐ Hypotension
☐ Vomiting	☐ Headache	☐ Shock
☐ Diarrhea (bloody/rice-water)	☐ Weakness	☐ Ventricular arrhythmia
☐ Garlic odor on breath	☐ Delirium	☐ Hyperpigmentation of fingernails
☐ Anemia	☐ Convulsion	☐ Hyperkeratosis of skin
☐ 'Pins & needles' sensation	☐ Mee's lines	

☐ Other: _____

Do you have a preexisting illness with any of these (the mentioned) signs and symptoms?

☐ Yes (specify) _____ ☐ No ☐ Unknown

Name of diagnosing physician: _____ Telephone #: ( ) _____

Was the person hospitalized? ☐ Yes ☐ No ☐ Unknown

If yes, name of medical facility and address: _____

Date of admission: (mm/dd/yyyy) ____/____/____ Diagnosis (if known): _____

What was the medical outcome? ☐ Survived ☐ Died ☐ Unknown

Date of discharge/death: (mm/dd/yyyy) ____/____/____

Are you pregnant? ☐ Yes ☐ No ☐ Unknown

Test/Laboratory Information

Was a test ordered to confirm arsenic poisoning? ☐ Yes ☐ No ☐ Unknown

If yes, which test(s) were conducted? ☐ Total urine (24 hrs) ☐ Urine creatinine

If urine creatinine test was conducted, was the concentration level > 15 µg/g? ☐ Yes ☐ No

If yes, results must be converted to µg As/Liter of urine using the following formula and conversion factor.

_____ (µg As/g creat) x _____ (mg creat/dL) x 0.01 = _____ (µg As/Liter urine)
Given Given Calculated

If urine test was conducted, was the arsenic concentration level > 50 µg/L? ☐ Yes ☐ No

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Investigator's name (Please print): _____ Phone: ( ) _____

Please submit the completed survey to the Office of Environmental Public Health Medicine, Division of Environmental Health, Department of Health, Bald Cypress Way, Bin A08, Tallahassee, FL. Or FAX 850-922-8473