Environmental Health Mercury 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

Within the last month, have you been in contact with any of the following potential sources of mercury? ☐Fish

☐A broken mercury thermometer ☐A broken blood pressure monitor ☐ A broken florescent light bulb

☐Dental amalgam ☐Other: _____ ☐ Unknown

If the exposure was by fish consumption, check all that was consumed in 1 month:

☐Amberjack	☐Gulf Flounder	☐Seatrout	☐Tripletail
☐Atlantic stingray	☐Jack	☐Sheepshead	☐Wahoo
☐Bluefish	☐Ladyfish	☐Silver perch	☐White grunt
☐Bonefish	☐Mackerel	☐Skipjack tuna	☐Yellowfin tuna
☐Gag	☐Pinfish	☐Snapper	☐Shark
☐Great barracuda	☐Red drum	☐Snook	☐Swordfish
☐Grouper	☐Scamp	☐Tilefish	☐Other: _____

How many 6 oz. (twice the palm of the hand) meals of cooked fish do you consume per week?

☐0-2 ☐3-5 ☐6-10 ☐11-15 ☐16-21 ☐>21 ☐ Unknown

Where did the exposure occur? ☐Work ☐Home ☐Other: _____ ☐ Unknown

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

☐Dental office	☐Chemical processing plant	☐Waste Incinerator plant
☐Medical facility	☐Manufacturing plant	☐Construction site
☐Laboratory	☐Metal processing plant	☐Mercury Mine
☐Emergency response	☐Other: _____	☐Unknown

When did the exposure occur? (mm/dd/yyyy): _____/_____/_____ ☐ Unknown

Case Number: _____ County: _____ Patient initials: _____

Health Effects and Medical Information

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

Signs and Symptoms associated with illness (Check all that apply):

☐Arrhythmia	☐Vomiting	☐Joint pain/ Lumbar pain	☐Headache
☐Chest pain	☐Diarrhea	☐Muscle fasciculation	☐Fever
☐Palpitations	☐Abdominal pain	☐Muscle pain	☐Vertigo
☐Anxiety	☐Constipation	☐Muscle stiffness	☐Sweats
☐Depressed thoughts	☐Metallic taste	☐Muscle weakness	☐Tremor
☐Decreased memory	☐Urinary complaints	☐Fatigue	☐Chills
☐Decreased concentration	☐Erythematous/ pruritic rash	☐Poor coordination	☐Syncope
☐Cough	☐Exfoliating Dermatitis	☐Insomnia	☐Paresthesias
☐Dyspnea	☐Hair loss	☐Irritability	☐Acrodynia
☐Nausea	☐Other: _____		

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

☐Yes (specify) _____ ☐No ☐ Unknown

Name of physician (who made diagnosis): _____

Telephone #: ( ) _____ Were you 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 mercury poisoning? ☐Yes ☐No ☐ Unknown

If yes, which test(s) were conducted? ☐Whole Blood ☐ Urine ☐Hair

If a blood/urine test was conducted, was the mercury concentration level ≥ 10 µg/L? ☐Yes ☐No

If a hair test was conducted, was the mercury concentration level ≥ 5 µg/g? ☐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, Florida 32399-1712 or FAX 850-922-8472