

Confidential

Notification of elevated blood lead >5µg/dL



Health
and Human
Services

Elevated blood lead >5µg/dL requires written notification to the Department of Health & Human Services upon initial diagnosis within five days to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Case details—please answer all questions

Last name

First name(s)

Date of birth

Sex

- Male Other, specify _____
 Female

Residential address

City

Postcode

Tel home

Tel mobile

Parent/guardian/next of kin name and contact number

How many people live at the specified residential address

Total number of adults and children

Number of children (< 18 years)

Is the case of Aboriginal or Torres Strait Islander origin

- No Aboriginal
 Unknown Torres Strait Islander
 Both Aboriginal and Torres Strait Islander

Country of birth ...country

...year arrived in Australia

- Australia
 Overseas > _____

If female, is the case pregnant

- No
 Yes
 Unknown

Occupation and/or school and/or child care attended

Employer (if known)

Risk summary

Why was the case tested (tick all that apply)

- Occupational screening/monitoring
 Screening requested by case
 Clinical presentation suggestive of lead poisoning*
 Suspected lead exposure (past or current)
 Case has a shared exposure with a known lead-exposed individual
 Repeat testing — previous elevated blood lead result*
 Other, specify below _____

What is the case's suspected lead exposure source

- Occupational (current)
 Occupational (former)
 Non-occupational
 Undetermined

Risk factors for lead exposure (tick all that apply and provide further details where indicated* in the comments below)

- | | |
|---|---|
| <input type="checkbox"/> Works in lead-risk occupation (specify occupation and employer) | <input type="checkbox"/> Drug use, including opium* |
| <input type="checkbox"/> Has a household contact with a lead-risk contact* | <input type="checkbox"/> Current or past use of complementary medicines (e.g. Ayurvedic medicines)* |
| <input type="checkbox"/> Lives in a house built prior to 1970* | <input type="checkbox"/> Pica (intentional ingestion) of paint flakes or soil* |
| <input type="checkbox"/> Recent home renovation or demolition activities | <input type="checkbox"/> Shrapnel wound* |
| <input type="checkbox"/> Recent removal or use of lead-based paint | <input type="checkbox"/> Ingestion of lead object (e.g. curtain weight, medal)* |
| <input type="checkbox"/> Undertakes furniture restoration | <input type="checkbox"/> Ingestion of game/meat hunted with lead shot |
| <input type="checkbox"/> Gun shooter or exposure at indoor/outdoor gun range* | <input type="checkbox"/> Undertakes lead-lighting |
| <input type="checkbox"/> Undertakes automotive work including motor body restoration or radiator repair | <input type="checkbox"/> Drinks water from tank or old pipes* |
| <input type="checkbox"/> Makes/casts lead sinkers, toy soldiers, bullets etc.* | <input type="checkbox"/> Uses, or exposed to, lead-based ceramic glazes |
| | <input type="checkbox"/> Past exposure to lead* |
| | <input type="checkbox"/> Other, specify below* |
| | <input type="checkbox"/> Unknown |

History of illness/clinical comments include any relevant comments, such as possible source of exposure, others with similar illness, etc.

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date