

CASE REPORT FORM

Hazardous Substances Injury

EpiSurv No. _____

Hazardous Substances Injury

Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 Self-notification Outbreak Investigation Other

Name of reporting source _____ Organisation _____

Date reported* _____ Contact phone _____

Usual GP _____ Practice _____ GP phone _____

GP/Practice address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Case Identification

Name of case* Surname _____ Given Name(s) _____

NHI number* _____ Email _____

Current address* Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Phone (home) _____ Phone (work) _____ Phone (other) _____

Case Demography

Location TA* _____ DHB* _____

Date of birth* _____ OR Age _____ Days Months YearsSex* Male Female Indeterminate Unknown

Occupation* _____

Occupation location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____Alternative location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

 NZ European Maori Samoan Cook Island Maori Niuean Chinese Indian Tongan Other (such as Dutch, Japanese, Tokelauan) *(specify) _____

Basis of Diagnosis**EXPOSURE EVENT**

Place of exposure Home Work School Other Unknown

If other, specify _____

Date exposure began _____ Unknown

Length of exposure Acute (<= one day) Chronic (>one day) Unknown

Injury (tick all that apply) Poisoning Corrosive burns Explosive damage
 Other, specify _____

Poisoning Route (tick all that apply) Ingested Inhaled Skin/eye contact
 Other, specify _____

Intent* Accidental Intentional Unknown

SUBSTANCE DETAILS

Classification (tick all that apply) Household chemical Agrichemical Industrial chemical Fireworks/explosive
 Other, specify _____ Unknown

Substance Name*

| | Generic name | Brand name | Unknown |
|-------------|--------------|------------|--------------------------|
| Substance 1 | _____ | _____ | <input type="checkbox"/> |
| Substance 2 | _____ | _____ | <input type="checkbox"/> |
| Substance 3 | _____ | _____ | <input type="checkbox"/> |

Greater than 3 substances? Yes If yes, enter the details in the comments section

LABORATORY CONFIRMATION

Was the exposure confirmed by a lab test? Yes No Not Done Awaiting Results

Has a copy of lab results been requested by the PHU? Yes No Unknown

Has a copy of lab results been received by the PHU? Yes No Unknown

STATUS* Under investigation Probable Confirmed Not a case

Clinical Course and Outcome

Hospitalised* Yes No Unknown

Date hospitalised* _____ Unknown

Hospital* _____

Died* Yes No Unknown

Date died* _____ Unknown

Was this exposure the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death*

Outbreak (Cluster) Details

Is this case part of an outbreak (cluster) (i.e. known to be linked to one or more other cases of the same exposure event)?

 Yes

If yes, specify Outbreak (Cluster) No. _____

Comments