

CASE REPORT FORM

Hazardous Substances Injury

DiseaseName _____	EpiSurv No. EpiSurvNumber _____
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Hazardous Substances Injury

Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** _____

Notifier Identification

Reporting source* **ReportSrc**

General Practitioner
 Hospital-based Practitioner
 Laboratory
 Self-notification
 Outbreak Investigation
 Other

Name of reporting source **ReportName** _____ Organisation **ReportOrganisation** _____

Date reported* **ReportDate** _____ Contact phone **ReportPhone** _____

Usual GP **UsualGP** _____ Practice **GPPracticeName** _____ GP phone **GPPhone** _____

GP/Practice address

Number **hounumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

Case Identification

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

NHI number* **NHINumber** _____ Email **Email** _____

Current address*

Number **hounumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

Phone (home) **PhoneHome** _____ Phone (work) **PhoneWork** _____ Phone (other) **PhoneOther** _____

Case Demography

Location TA* **TA** _____ DHB* **DHB** _____

Date of birth* **DateOfBirth** _____ OR Age **Age** _____ Days Months Years **AgeUnits**

Sex* **Sex** Male Female Indeterminate Unknown

Occupation* **Occupation** _____

Occupation location **occupation_place_type** Place of Work School Pre-school

Name **occupation_place_name** _____

Address

Number **hounumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

Alternative location **occupation_place_type** Place of Work School Pre-school

Name **occupation_place_name** _____

Address

Number **hounumber** Street **streetname** Suburb **suburb**
 Town/City **towncity** Post Code **postcode** GeoCode **geocode** **addressmatchaccuracy**

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

NZ European **EthNZEuropean**
 Maori **EthMaori**
 Samoan **EthSamoa**
 Cook Island Maori **EthCookIslandMaori**
 Niuean **EthNiuean**
 Chinese **EthChinese**
 Indian **EthIndian**
 Tongan **EthTongan**
 Other (such as Dutch, Japanese, Tokelauan) * (specify) **EthOther** **EthSpecify1** _____ **EthSpecify2** _____

DiseaseName _____ EpiSurv No. EpiSurvNumber

Basis of Diagnosis

EXPOSURE EVENT

Place of exposure **PlaceofExposure** Home Work School Other Unknown
If other, specify **PlaceofExposureOtherSpecify** _____

Date exposure began **DateExposureBegan** _____ Unknown **DateExposureBeganUnknown**

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

Injury Poisoning **InjuryPoisoning** Corrosive burns **InjuryCorrosiveBurns** Explosive damage **InjuryExplosiveDamage**
 Other, specify **InjuryOther** _____ **InjuryOtherSpecify** _____

Poisoning Route (tick all that apply) Ingested **PoisoningIngested** Inhaled **PoisoningInhaled** Skin/eye contact **PoisoningSkinEyeContact**
 Other, specify **PoisoningOther** **PoisoningOtherSpecify** _____

Intent* **PoisoningIntent** Accidental Intentional Unknown

SUBSTANCE DETAILS

Classification (tick all that apply) Household chemical **ClassHouseholdChemical** Agrichemical **ClassAgrichemical** Industrial chemical **ClassIndustrialChemical** Fireworks/explosive **ClassFireworksExplosive**
 Other, specify **ClassOther** **ClassOtherSpecify** _____ Unknown **ClassUnknown**

Substance Name*

	Generic name	Brand name	Unknown
Substance 1	GenericName1 _____	BrandName1 _____	NameUnknown1 <input type="checkbox"/>
Substance 2	GenericName2 _____	BrandName2 _____	NameUnknown2 <input type="checkbox"/>
Substance 3	GenericName3 _____	BrandName3 _____	NameUnknown3 <input type="checkbox"/>

Greater than 3 substances? Yes **GreaterThan3Substances** If yes, enter the details in the comments section

LABORATORY CONFIRMATION

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

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

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

STATUS* **Status** Under investigation Probable Confirmed Not a case

Clinical Course and Outcome

Hospitalised* **Hosp** Yes No Unknown

Date hospitalised* **HospDt** _____ Unknown **HospDtUnknown**

Hospital* **HospName** _____

Died* **Died** Yes No Unknown

Date died* **DiedDt** _____ Unknown **DiedDtUnknown**

Was this exposure the primary cause of death?* **DiedPrimary** Yes No Unknown
If no, specify the primary cause of death* **DiedOther** _____

DiseaseName _____

EpiSurv No. **EpiSurvNumber** _____

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 **Outbrk** If yes, specify Outbreak (Cluster) No. **OutbrkNo** _____

Comments

Comments