

(To be completed by Environmental Health)

Case Name: \_\_\_\_

NOCS NID#: \_\_\_\_

Date ESF completed in NOCS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Excessive Lead Exposure (Notifiable)**

***ENHANCED SURVEILLANCE FORM (ESF)***

1. Exposure source was: [ ]  Occupational (Current)

# [ ]  Occupational (Former)

[ ]  Non-occupational [ ]  Undetermined

1. If the case is female, is she pregnant or breastfeeding? [ ]  Yes [ ]  No [ ]  Unknown
2. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Ethnicity: [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  both [ ]  neither
4. Most likely cause of lead exposure was from undertaking or present during (please tick one box only):

[ ]  Battery breaking

[ ]  Battery manufacturing (except-Yuasa Batteries)

[ ]  Exposure at Century-Yuasa Batteries

[ ]  Exposure at BHP Cannington Mine

[ ]  Exposure at MIM

[ ]  Exposure from lead concentrate (except MIM, or BHP Cannington)

[ ]  Exposure at Foundry

[ ]  Plastics manufacture

[ ]  Vehicle work including motor body restoration

[ ]  Radiator manufacture, repair or maintenance

[ ]  Welding, brazing or soldering with lead

[ ]  Manufacture or cutting lead sheeting (e.g. lead flashing)

[ ]  Lead exposure during maintenance or demolition work

[ ]  Scrap metal recycling

[ ]  Furniture restoration

[ ]  Exposure at fire assay laboratory

[ ]  Exposure at Indoor/outdoor rifle range

[ ]  Removal of lead-based paint from domestic buildings

[ ]  Removal of lead-based paint from other structures (e.g. boats, bridges)

[ ]  Making lead sinkers, lead toy soldiers, etc.

[ ]  Use of, or exposure to, lead-based ceramic glazes

[ ]  Use of complementary medicines and dietary supplements

[ ]  Mount Isa resident - general non-specific environmental lead exposure

[ ]  Pica (Intentional Ingestion) of lead-based paint chips or flakes

[ ]  Pica (Intentional Ingestion) of lead-based material soil

[ ]  Exposure Overseas

[ ]  Secondary exposure from living with lead worker

[ ]  Unknown cause of exposure

[ ]  Other (if does not fit above please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. [ ]  No change from previous ESF (if applicable)

# Investigating EHO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MEH Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Completed Enhanced Surveillance Form (ESF) to be signed by Manager Environmental Health Services (MEHS). It may require consultation with PHP if EBLL remain elevated or further investigation of causation needs to be undertaken.
* Changes to the case or entry of the source and cause of exposure into the enhanced surveillance section of NOCS to be completed.
* ESF and associated pathology report, if requested, to be kept by each Public Health Unit.