

(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.