



Merlin Case #: _____

Carbon Monoxide Poisoning Reporting Form

Exposed Person Demographic Information

Name: _____ Date of Birth: _____
First M.I. Last mm/dd/yyyy

Street address: _____

City: _____ County: _____ Zip: _____

Telephone #: Home: _____ Work: _____ Other: _____

Name of Employer OR School: _____

Gender: Male Female
Race/Ethnicity: White Black Asian Native American
 Hispanic Other _____

Exposure/Incident Information

Date and time of incident (mm/dd/yyyy): _____/_____/_____ Time: _____:

Brief description of incident: _____

Total # of people exposed: _____ Relation among exposed: _____

Poisoning intent: Intentional CO Poisoning Unintentional CO Poisoning
Type of exposure: Generator Automobile/RV Boat Kerosene/gas space heater
 Power Tools (include mower) Fuel Burning Appliances (fixed stove/boiler/furnace)
 Portable fuel burning grill/stove Other _____

Site of exposure: Residential Work Recreational Area (park/campsite)
 Lake/River/Ocean Commercial dwelling Other _____

Health and Medical Information

Date of illness onset (Required Field) (mm/dd/yyyy): _____/_____/_____

Signs/symptoms (Check all that apply)

Weakness Headache Nausea Chest pain
 Dizziness Drowzines Vomiting Shortness of breath
 Fatigue Confusion Stomach pain Wheezing
 Numbness Palpitation Agitation Loss of consciousness
 Other _____

Date of last follow up (mm/dd/yyyy): _____/_____/_____

Resources Used? 911 Call ED Only Treated on Site Poison Information Call

Was medical care received? Yes No Unknown

If yes, what type? _____

Name of physician: _____ Telephone #: _____

Was injured person hospitalized? Yes No Unknown

If yes, name of medical facility and address: _____

Date of admission (mm/dd/yyyy): ____/____/____/ Diagnosis (if available): _____

Type of treatment: _____

Medical outcome: Survived Died Unknown

Date of discharge/death (mm/dd/yyyy): ____/____/____

Risk Factor Information

Are there any preexisting conditions? Yes No Unknown

If yes, type of preexisting condition: COPD Ischemic heart disease Other _____

Pregnancy (if applicable)? Yes No Unknown

Smoking status? Smoker Non-smoker Unknown

If smoker _____ (#) cigarettes/ day

Environmental Measurements

Were environmental measurements taken? Yes No

If yes, CO level: _____ (ppm), Name and Model of Measuring Device: _____

Test/Laboratory Information

Were laboratory tests performed? Yes No Unknown

If yes, name & location of reporting laboratory: _____

Date and time of test (mm/dd/yyyy): ____/____/____ Time _____

Test results: Elevated COHb level Normal COHb level Unknown

Test value: _____

Case Classification			
<input type="checkbox"/> Confirmed	<input type="checkbox"/> Probable	<input type="checkbox"/> Suspect	<input type="checkbox"/> Not a case

Investigator's name: _____ Phone: () _____
(Please print)

Please scan and attach the completed corresponding case report form to the corresponding case in Merlin; or please fax the form to the Bureau of Epidemiology Confidential Fax Number: 850-414-6894. For questions about Carbon Monoxide Poisoning please contact the Bureau of Epidemiology, Division of Disease Control & Health Protection 850-245-4299.