

IDENTIFICATION OF SOURCES OF EXPOSURE TO MERCURY (HG)

Fo	RM COMPLET	ED BY:			DA	TE:	// 	/
	☐ Phys	sician					yy / mr	n / aa
	□ Nurs							
		er, specify:						
		or, specify						
1. (GENERAL IN	FORMATIO	N					
1.1	Last name:		Firs	st name:		HIN:		
1.2	What type o	of work was	the patient	involved in	when the s	pecimen w	as taken?	
			-					
								_
1.3	In the case	of a womai	n or adoles	cent female	e, was she _l	pregnant w	hen the sp	ecimen was
	taken?							
	☐ Yes	If yes, for he	ow many we	eeks:		☐ No	☐ DNk	(/DNR*
1.4	Last result	of blood Hg	(nmol/L): _		D	ate of spec	imen:	_//
							уу	/ mm / dd
1.5	Why was thi	s blood Hg t	est request	ed? (check	all that appl	y)		
	☐ Woman o	r adolescent	female who	is pregnant o	r planning a p	regnancy w	ithin the year	
					as already tes	•	-	level
		-			,		-	
	☐ Follow-up	•	—					
	□ Concerns			,				
		gh traditional	•					
	_	gh another so		<i>/</i> :				
	☐ Research	=						
	☐ Other, spe	ecify:						
	, I	<u> </u>						
2 L	IFESTYLE A	ND FNVIRO	NMENT _					
2.1	In the mont	h preceding		ood specim	en, how oft	en did the	patient cons	sume:
2.1	In the mont	h preceding		ood specim	en, how oft	en did the	patient cons	sume:

	Never or less than once a month	1-3 times per month	Once a week	2-6 times per week	At least once a day	DNK/DNR*
Beluga meat – dried (nikku)						
Beluga meat – raw or cooked						
Beluga mattaq (skin and fat)						
Seal meat						
Seal liver or kidney						
Lake trout – large (older)						
Lake trout – small (younger)						
Seabird eggs (eider, seagull, etc.)						
Caribou liver or kidney						
Other (specify):						

*DNK: Does not know. DNR: Did not reply.

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	Broken compact fluorescent bulbs, fluorescent tubes, mercury bulbs, lighted signs
	Broken thermometers (older type), thermostats, scientific measuring instruments
	Use of costume jewellery or imported depigmentation, anti-aging or therapeutic products that do not respond to Canadian regulatory requirements
	Use of chemical reagents
	Other (specify):
	No
	DNK/DNR*
	hat recommendations were provided for the patient relative to the result of a previoust, if any?
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te	st, if any?
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Return the completed questionnaire by confidential fax to Dept. of Public Health at 1 866 867-8026

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