

Human Pesticide Exposure Report Form

For Health Departments and Health Care Providers

Please fax to: Environmental & Injury Epidemiology Staff member filing report: and Toxicology Branch Business Name/Address: Attn: PEST Program Fax number: (512) 458-7222 Phone number: (Phone: (512) 458-7269 or (800) 588-1248 Fax number: **Please complete and return this form within 24 hours of receiving incident reports** **Exposed Individual's Contact Information** Name: M.I. Last First Address: Number Street Name (Apartment) City Zip code Telephone Number: () --Age:______years Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female **Exposure Incident Information** Date of Event/Exposure:_____ /____ (Or approximate date) Brief Description of Event (how was the patient exposed?): Did the exposure occur while the person was working? \square Yes \square No Chemical/Type of pesticide (if known) ex. Organophosphate: **Health and Medical Information** Symptoms reported by complainant: Was medical treatment sought by the exposed individual(s)? ☐ Yes ☐ No (If yes, continue health information) Date of treatment/appointment: ____/ ____ / ____ (or approximate date) Physician or Medical Facility and City: Diagnosis (if available): Were biological tests conducted? \square Yes \square No (If yes, please indicate type of test below) ☐ RBC Cholinesterase Type of test ☐ Plasma Cholinesterase ☐ Urinary Metabolites ☐ Other (specify) To be completed by DSHS Fax Number: Medical Phone Number: Date received by PEST Program: PEST Staff Receiving Report: