



Human Pesticide Exposure Report Form

For Health Departments and Health Care Providers

Please send to: **Environmental Surveillance and Toxicology Branch**
Attn: PEST Program
Fax Number: 512-776-7249
Phone: 800-588-1248 or 512-776-7269

Staff Member Filing Report: _____
Business Name/Address: _____
Phone Number: _____
Fax Number: _____

****Please complete and return this form within 24 hours of receiving incident reports****

Exposed Individual's Contact Information

Name: _____
First M.I. Last

Address: _____
Number Street Name (Apartment)

City State Zip code

Telephone Number: () _____ - _____
Date of Birth: ____ / ____ / ____ Age: _____ years 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? Yes 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? Yes No (If yes, please indicate type of test below)

Type of Test: Plasma Cholinesterase RBC Cholinesterase
 Urinary Metabolites Other (specify)

To be completed by DSHS

Medical Phone Number: _____ Fax Number: _____

Date received by PEST Program: _____ PEST Staff Receiving Report: _____