OEHHA
SCIENCE FOR A HEALTHY CALIFORNIA

MEDICAL SUPERVISOR REGISTRATION FORM

Registration Instructions

1. Please return the completed form to OEHHA using the mailing address, email address or fax number provided at the end of this form.
2. If there is more than one medical supervisor at a clinic, each one must register with OEHHA.
3. Each medical supervisor's name, and contact information of the clinic(s) where he/she works will be posted on OEHHA's public website to provide agricultural employers information on the medical supervisors in their area.

Medical Supervisor Information

First Name: Last Name:

Work Telephone: Medical License #

Work Email:

Primary Clinic Information

Clinic Name:

Street Address:

City: Zip Code:

Contact Person Name:

Telephone: Work Email:

Website (if available)

Second Clinic Information (if necessary)

If the medical supervisor also works at a second clinic, please fill out the following:

Clinic Name:

Street Address:

City: Zip Code:

Contact Person Name:

Telephone: Work Email:

Website (if available)

Third Clinic Information (if necessary)

If the medical supervisor also works at a third clinic, please fill out the following.

Clinic Name:

Street Address:

City: Zip Code:

Contact Person Name

Telephone: Work Email:

Website (if available)

Other Staff Under Your Supervision Who Order Cholinesterase Tests For Agricultural Pesticide Handlers

First Name: Last Name:

Title:

First Name: Last Name:

Title:

First Name: Last Name:

Title:

First Name: Last Name:

Title:

Contact Information For Person Completing The Form

First Name: Last Name:

Telephone: Work Email:

Please mail the completed form to:

Pesticide Epidemiology Section, CalEPA,
OEHHA Post Office Box 4010
Sacramento, CA, 95812-4010

Or fax to: (916) 327-7335

Or email to: med-supe@oehha.ca.gov

Thank You!