



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) _____

ALTERNATE CLINIC INFORMATION (IF APPLICABLE)

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) _____

ALTERNATE CLINIC INFORMATION (IF APPLICABLE)

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) _____

OTHERS 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 OF PERSON COMPLETING THE FORM

First Name: _____ Last Name: _____

Work 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!