

Confidential Report of Known or Suspected Pesticide-Related Illness

Reporting of known or suspected pesticide illness is mandatory

Please provide as much information as possible

Fields marked with an asterisk* are critical for follow-up investigations

Patient's Personal Information

| | | |
|----------------------------|-----------------------|-----------------------|
| Last Name * | First Name * | Middle Name |
| Social Security Number | DOB (MM/DD/YYYY) * | Age Months Days |
| Address: Number & Street * | | Apartment/Unit Number |
| City / Town * | State * Zip Code * | County * |
| Home Telephone * | Cellular Telephone * | Work Telephone |
| | | E-mail address |
| Work/School Location | | Work/School Contact |

Gender * (check one)

- Female
- Male
- Not Stated

Race * (check one or more)

- American Indian or Alaska Native
- Asian
- Asian Indian
- Black or African American
- Filipino
- Guamanian

Race * (check one or more)

- Native Hawaiian
- Other Pacific Islander
- Samoan
- White
- Other Race
- Unknown

Ethnicity * (check one)

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Reporting Provider Information

| | | |
|----------------------------------|-------------------------|-------------------------------|
| Last Name (provider) * | First Name (provider) * | Telephone Number (provider) * |
| Reporting Health Care Facility * | | FAX Number |
| Address: Number, Street | | Suite Number |
| | | City |
| State | Zip Code | Date Submitted * (MM/DD/YYYY) |
| | | Submitted by * |

Patient Medical Data

Illness Onset Date: (MM/DD/YYYY)

Initial Examination Date * (MM/DD/YYYY)

List Any Pre-existing Conditions, If Known (e.g., allergies, asthma, pregnancy, etc.)

Signs and Symptoms * (check all that apply)

Dermatologic

- Blistering
- Burns
- Edema
- Erythema (redness)
- Irritation/Pain
- Pruritus (Itching)
- Rash
- Other (Dermal)

Gastrointestinal

- Abdominal pain/cramping
- Diarrhea
- Nausea
- Vomiting
- Other (GI)

Neurologic/Sensory

- Anxiety/Irritability
- Ataxia (incoordination)
- Confusion
- Depressed consciousness/Coma
- Diaphoresis (profuse sweating)
- Dizziness
- Fasciculation (muscle twitching)
- Headache
- Muscle pain/cramping
- Muscle weakness
- Numbness/Tingling
- Salivation
- Seizure
- Tremors
- Other (Neurological)

Ocular

- Blurred Vision
- Corneal abrasion
- Irritation/Pain
- Lacrimation (tearing)
- Miosis (pinpoint pupils)
- Photophobia
- Other (Ocular)

Respiratory

- Cough
- Dyspnea (shortness of breath)
- Rhinitis (runny nose)
- Upper respiratory Irritation/Pain
- Wheezing
- Other (Respiratory)

Other Systemic Symptoms

- Chest pain
- Excessive urination
- Fatigue
- Fever/Hyperpyrexia
- Malaise
- Tachycardia
- Other
- Asymptomatic

Pesticide-related Death

Date of Death (MM/DD/YYYY)

Definition of a Pesticide Illness

A pesticide illness case is a patient who is or may be suffering from pesticide poisoning or any disease or condition caused by a pesticide. The term **pesticide** includes any product intended to repel, kill, prevent, destroy, control, or mitigate any pest. Pesticides include insecticides, herbicides, plant growth regulators, rodenticides or other vertebrate control agents, repellents, desiccants, fungicides, miticides, disinfectants, sterilants, and sanitizers. Spray adjuvants are pesticides under California law. (Added a period to the last sentence.)

Testing, Results, Treatment and Diagnosis

Were Diagnostic or Laboratory Tests Conducted?

Treatment Rendered *

No Yes, completed Yes, pending

If Completed or Pending, Please Describe

Medical Diagnosis

Tests:

Results (include reporting units):

Normal range or baseline used:

Remarks (include physician observations, or other detail relevant to the case, not provided above. Additional pages may be attached)

Pesticide Exposure Information

Exposure Date: (MM/DD/YYYY) Name of Pesticide(s) or Active Ingredient(s) * Unknown

Location Where Pesticide Exposure Occurred (street address, cross streets, or other appropriate details) *

County of Exposure * Describe how patient was exposed to Pesticide (e.g. drift, direct spray, environmental residue, spill, ingestion):

Did Exposure Occur at Work? * If yes, name of Patient's Employer Name of Patient's Supervisor
 No Yes Unknown

Patient's Activity when Pesticide Exposure Occurred (check one)

- Mixing/loading/applying pesticides
- Field Work
- Flagging
- Maintaining/repairing pesticide application equipment
- Manufacturing/formulating pesticide
- Packing/processing agricultural commodities
- Transporting/storing/disposing of pesticide
- Routine Indoor activity not involved with pesticide application
- Routine Outdoor activity not involved with pesticide application
- Emergency response
- Other
- Unknown

Were Others Exposed?

Additional Detail on Pesticide Exposure Incident

 No Yes Unknown

Reporting Agency Information

Reporting Agency Name *

Address: Number, Street

Suite Number

City

State

Zip Code

County

Phone Number

FAX Number

Date Reported * (MM/DD/YYYY)

Person Filing Report with State

Reporting Requirement

Physicians are required to report known or suspected pesticide-related illness to the **local health officer** within 24 hours (Health and Safety Code §105200). Failure to report is a citable offense and subject to civil penalty (\$250).

The **local health officer** is required to immediately notify the **county agricultural commissioner** and to file the pesticide-illness report with the following **state agencies** within 7 calendar days:

Office of Environmental Health Hazard Assessment

Pesticide and Environmental Toxicology Branch

P.O. Box 4010

Sacramento, CA 95812-4010

(510) 622-3170 (Voice)

(916) 327-7320 (Fax)

Department of Pesticide Regulation

Worker Health and Safety Branch

P.O. Box 4015

Sacramento, CA 95812-4015

(916) 445-4222 (Voice)

(916) 322-8577 (Fax)

Department of Industrial Relations

Division of Labor Statistics and Research

Box 420603

San Francisco, CA 94142-0603

(415) 703-3020 (Voice)

(415) 703-3029 (Fax)

Medical Cost Reimbursements from Pesticide Drift Episodes

Food and Agricultural Code §12997.5 requires that persons responsible for pesticide drift, which causes acute pesticide illness or injury in a non-occupational setting that requires emergency medical transport or treatment, be liable to the individual harmed or to the medical provider for the immediate costs of uncompensated medical care. The acute pesticide illness or injury must result from a pesticide use violation where the pesticide was used for agricultural commodities. For more information, visit the Department of Pesticide Regulation website at:

<http://www.cdpr.ca.gov/docs/county/sb391.pdf>

Confidential Patient Medical Information Requirements

This document contains confidential medical information, subject to federal and state law. Submission as prescribed will not violate the Health Insurance Portability and Accountability Act of 1996, or HIPAA (Pub. L. 104-191; 45 CFR Part 160 and Part 164, Subparts A and E). Information is confidential pursuant to Cal. Const. Art. 1, §1; Gov. Code §6254(c); and Civil Code §1798 et seq.

Reporting of known or suspected pesticide illness is mandatory

Use of this exact form is not required, but it is provided for data standardization

For additional forms, please visit: <http://www.oehha.ca.gov/pesticides>

Thank-you for reporting a known or suspected pesticide-related illness!