



Human Pesticide Exposure Report Form

For Health Departments and Health Care Providers

Please fax to: Environmental & Injury Epidemiology
and Toxicology Branch
Attn: PEST Program
Fax number: (512) 458-7222
Phone: (512) 458-7269 or (800) 588-1248

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: _____