

Pesticide Exposure Report Form

The purpose of this form is to track and respond to farmworkers' reports of pesticide exposure.

If a patient reports having recent contact with pesticides, ask the questions below and submit the form to the North Carolina Farmworker Health Program, Office of Rural Health and Community Care.

1. Describe the pesticide exposure: _____

Examples:

- Being sprayed with pesticides, or feeling drift on skin
- Working in an area while it is being sprayed (field, greenhouse, building)
- Entering an area before the completion of the Restricted Entry Interval after it has been sprayed with pesticides
- Entering an area while the "Danger, Do Not Enter" sign is still posted
- Entering an area while the plants are still wet with pesticides
- Direct contact with pesticides while mixing/loading/transporting/applying
- Direct contact with pesticides while repairing equipment used in pesticide application

2. When did the exposure occur? (Include date and time if possible) _____

3. Where did the exposure occur? (Provide specific information about the address or cross streets, location of field, greenhouse, or building) _____

4. Did you suffer any symptoms after the exposure? (Circle any symptoms reported)

- Dizziness, nausea and vomiting, blurred vision, chest tightness, headache, muscle cramps, drooling, loss of consciousness, skin rash, eye or throat irritation, other: _____

- Did you see a doctor? Please give name and address of doctor: _____

- Are you having any symptoms now? If so, list: _____

5. What pesticide(s) were you exposed to? (Name(s), how it was applied, crop or other target if known)

6. Circle: Are you pregnant? Yes No

7. Do you live with someone who is pregnant? Yes No

8. Grower name and contact information: _____

Please send FAX copies to:

North Carolina Farmworker Health Program (NCFHP), ORHCC:

FAX number: 919-733-2981

Telephone number: 919-733-2040

**For info & assistance, call the
non-profit Pesticide Education**

Project:

1-877-NO-SPRAY

(1-877-667-7729)

Contact information

Name of person filing report: _____ Report Date: _____

Contact information: _____

Name(s) of exposed persons if you have consent to use their names in the report: _____
