REPORT OF ACUTE PESTICIDE-RELATED ILLNESS OR INJURY

Patient Information

Patient's Name (Last, First, Middle) ____________________________ Home Phone ____________________________ Illness/Injury Onset Date __ __ / __ __ / __ __

Sex □ Male □ Female Month Day Year

Hispanic/Latino Origin? Race Date of Birth Occupation

White Black American Indian Asian

Unknown Native Hawaiian/Other Pacific Islander Yes No

□ Check here if patient is deceased Date of death __ __ / __ __ / __ __

Home Address (Number and Street)

City State Zip County

Exposure Information

Name of Pesticide (Product name if possible) Date and Time of Exposure

Physical Location of Patient at Time of Exposure (such as workplace, home, yard, school, other) Phone

Contact Person ____________________________ ( )

Address: Number and Street (if different than home address) City State Zip

Medical Information

Physician, Medical Facility or Other sending in this report Phone

Contact Person ____________________________ ( )

Address: Number and Street City State Zip

Comments/Other relevant information?

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For reporting requirements, see: www.ncdhhs.gov (under topic index, click P for pesticides).

Please mail or fax to: Occupational and Environmental Epidemiology Branch

Occupational Surveillance Unit

N.C. Division of Public Health

Mail Service Center 1912

Raleigh, N.C. 27699-1912

Telephone: 919-707-5900 Fax: 919-870-4807

DHHS 4077 (11/06) OEE (Review 11/09) (You may photocopy this form.)
Acute Pesticide-Related Illness and Injury Surveillance Program

The Pesticide Illness and Injury Surveillance Program monitors pesticide-related illness and injury. Reporting ensures that incidents are recorded and enhances prevention of pesticide-related illnesses and injuries. When we learn about your patient, we can offer resources to help prevent further exposure. Your reports also help Public Health to initiate investigations to identify factors contributing to hazardous exposures and to then make recommendations about safe handling practices. Through collaboration, we can help protect the health of those who live and work in our state.

Physician Reporting:
Pursuant to N.C. 10A NCAC 41F .0101 - .0103 physicians (to include physician assistants and nurse practitioners) are required to report confirmed or suspected cases of acute pesticide-related illness or injury within 48 hours of diagnosis, immediately for cases resulting in death. Please complete the information requested on the reverse of this page for cases which fit the above description. Enter any additional information that you feel is relevant in the comment section. Examples include factors contributing to exposure, activities performed during time of exposure, tests conducted, etc. All information reported is considered confidential, identifying information is protected within the confidentiality guidelines for the Epidemiology Section, NCDHHS.

Physicians may call Carolinas Poison Center to report a case to fulfill reporting requirements @ 1-800-222-1222 Option 5.

For Questions Regarding Pesticide Toxicology or Clinical Management, Call: Carolinas Poison Center (CPC) 1-800-222-1222; National Pesticide Information Center (NPIC) 1-800-858-7378; or the N.C. Division of Public Health toxicologist or medical epidemiologist (MD) at 919-707-5900.

Need More Information?: Information about reporting requirements, pesticides, and available resources can be found at www.ncdhhs.gov (click P for pesticides under Topic Index).