### Pesticide Exposure Assessment

To be filled out during clinical assessment. Health provider – ask these questions verbally.

#### Patient ID

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<tr>
<th>Full Name</th>
<th>Male</th>
<th>Female</th>
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<tr>
<th>DOB:</th>
<th>Occupation:</th>
<th>Employer:</th>
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<tr>
<th>Address:</th>
<th>Street Address</th>
<th>Apartment/Unit #</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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#### Exposure Information

- **Pesticide brand name:**
- **Active ingredient:**
- **EPA registration number:**
- **Amount exposed to:**
- **Concentrate or dilution:**
- **Crop (if applicable):**
- **Suspected cause of exposure** *(e.g. spill?, drift? early reentry?)*
- **Personal Protective Equipment used?:**
- **Other individuals involved** *(also exposed, witnessed, assisted)?*  
  - **Who?:**

#### Symptoms

- **Weakness**
- **Drooling**
- **Blurred vision**
- **Chest pain**
- **Skin rash**
- **Tiredness**
- **Excessive sweating**
- **Red eyes**
- **Headaches**
- **Nausea**
- **Loss of consciousness**
- **Convulsions**
- **Shortness of breath**
- **Dizziness**
- **Vomiting**
- **Abdominal pain**
- **Muscle twitches**
- **Dizziness**
- **Confusion**
- **Other:**

- **How long after exposure did symptoms begin?:**
- **Length of clinical observation:** **hrs.** **min.**
- **Notable changes over observation period** *(describe):**

- **Other workers/persons exposed who developed symptoms?:**  
  - **Yes**  
  - **No**
Physical Signs

Skin: _______________________________ Eyes: _______________________________

Mucous membranes: _______________________________ Lungs: _______________________________

Heart: _______________________________ Neuro: _______________________________

(rate, rhythm)
(pupillary response, distal sensory exam, motor exam, coordination):

Other unique physical findings: __________________________________________

Cholinesterase testing AChE and BuChE (Sample dictated by testing lab): Date: ______________ Results: ______________

Follow-up test ordered: □ Yes □ No Date: ______________ Results: ______________

Materials Collected & Lab

□ Copy of pesticide label/MSDS

□ Copy of pesticide application record, if applicable

□ 10cc whole blood, anticoagulated with sodium heparin (refrigerate)

□ 5cc plasma, anticoagulated with sodium heparin (spin and refrigerate)

□ A fresh urine sample (label and freeze)

□ Contaminated clothing, hats, foliage from site (place in clean plastic bag; label & seal; freeze)

□ Fingernail residue (place in clean plastic bag; label & seal; freeze)

□ Saliva sample (seal container, label and freeze)

□ Hair sample, if exposed (place in clean plastic bag; label & seal; freeze)

□ Wipe of exposed skin (wipe exposed skin with alcohol swab, place swab in plastic bag; label indicating size of area swabbed & seal; freeze)

□ Other: __________________________________________

Treatment

Poison Control 800-222-1222

Skin washed? _______________________________ Clothing removed? _______________________________

(time)

Eyes irrigated? _______________________________ (with what, for how long)

GI: emetics, absorbents, other treatments by mouth? _______________________________

Atropine? □ Yes □ No Dose: ______________ Response: ______________

2-PAM? □ Yes □ No Dose: ______________ Response: ______________

Reporting

Reported to:
Agency: _______________________________

Phone number: _______________________________ Website: _______________________________

Provider ID

Provider Signature: _______________________________ Date: _______________________________

Address: _______________________________ Phone: _______________________________