## **PESTICIDE EXPOSURE ASSESSMENT**



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

	Patio	ent ID				
Full Name:	First			Male	Female	
DOB:	Occupation:		Employer:			
Address:						
Street Address	Apartmer	nt/Unit #	City	State	ZIP Code	
	Exposure	Information				
Pesticide brand name:	ame:		Circumstances:		Exposure route:	
Active ingredient:		☐ Intentional ☐ Dermal				
EPA registration number:	Accidental Ocular					
		Occupational Oral				
Amount exposed to:		☐ Non-occupational ☐ Respiratory				
Concentrate or dilution:		Method of pesticide application:				
Crop (if applicable):	Aerial					
Suspected cause of exposure (eg	<ul><li>☐ Backpack sprayer</li><li>☐ Hand sprayer</li></ul>					
		Boom spray				
Personal Protective Equipment u	Air blast					
	Other:					
Other individuals involved (also ex	wassed witnessed assisted)?		Yes 1	No		
		_	103	110		
			V 5 . I			
f worker, had patient received	Worker Protection Stand	ard training?	Yes Date last t	trained		
	Sym	ptoms				
Weakness	Drooling	☐ Blurred vis	sion	Chest pain		
Skin rash	Tiredness	Excessive	sweating	Red eyes		
Headaches	Nausea	Loss of co	nsciousness	Convulsions		
Shortness of breath	Dizziness	Vomiting		Abdominal p	ain	
Muscle twitches	Productive cough	Confusion	(	Other:		
How long after exposure did sy	mptoms begin?					
ength of clinical observation: _	hrs	min.				
Notable changes over observati	on period (describe):					
Other workers/persons exposed	who developed symptor	ms?	Yes	No		

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			r ilysicul 3	igus			
Skin:			E	Eyes:			
Mucous membranes:			L	_ Lungs:			
Lla aust				Janes			
(rate, rhythm)			'	Neuro:(pupillary response, distal sensory exam, motor exam, coordination):			
Other unique physical	findings:						
Cholinesterase testing	AChE and Bu	ıChE (Samı	ole dictated by t	esting lab): Date: Results:			
Follow-up test ordered	: Yes	∏No	Date:	Results:			
			iterials Collec				
Copy of pesticide I	label/MSDS						
Copy of pesticide application record, if applicable							
10cc whole blood,	anticoagula	ted with so	dium heparin (re	frigerate)			
5cc plasma, antico	agulated wi	th sodium h	eparin (spin and	refrigerate)			
A fresh urine samp	le (label and	freeze)					
Contaminated cloth	ning, hats, fo	liage from	site (place in cle	an plastic bag; label & seal; freeze)			
Fingernail residue							
Saliva sample (sea		•					
Hair sample, if exp	-		·	& seal: freeze)			
	skin (wipe ex			ab, place swab in plastic bag; label indicating size of area			
Other:							
			Treatme	nt			
Poison Control 800-22	22-1222						
Skin washed?							
(time)							
Eyes irrigated?	hat, for how long						
,	, 0	•	nouth?				
Atropine?	Yes	, ∏No		Response:			
2-PAM?	Yes	□No	Dose:	Response:			
			Reportir	ig			
Reported to:							
Agency:							
Phone number:			Website:				
			Provider				
Provider Signature:							
Address:				Phone:			