

Licensed Physician/Veterinarian Request for Pesticide Application Information

To request pesticide application information, please scan/email the completed form to gary.gramm@state.mn.us (cc: john.peckham@state.mn.us) OR Fax to the Minnesota Department of Agriculture (MDA) at (651) 201-6117, ATTN: IPU Staff

Note: Pesticides include: fungicides, herbicides, insecticides, rodenticides, sanitizers/disinfectants. Minnesota law states that any commercial or noncommercial pesticide information obtained by the MDA and provided to a physician/veterinarian must be part of the the confidential patient record and not released publicly.

1. Requesting party (*check one*): Physician Veterinarian
2. Request related to known/suspected (*check one*): Human exposure Animal exposure

3. Location of application - *provide as much detail as possible - address, county, GPS coordinates, etc.*

Date _____ Time _____ am / pm (*circle one*)

4. Chief complaint or symptom(s) (*prompting concern about pesticide exposure*) Decline to provide

5. Requestor information (*please print*):

Name _____ Clinic/Hospital _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

6. _____
SIGNATURE OF PHYSICIAN/VETERINARIAN DATE

Additional Information:

- the information below is not required to process a request; however, it may be useful to evaluate known/suspected pesticide exposures.

7. Location of exposure if different than application site _____
Date _____ Time _____ am / pm (*circle one*)
Distance (*estimated*) from pesticide application to area where human/animal was exposed _____ ft.

8. Known/suspected exposure conditions (*check all that apply*)

- Human/animal directly sprayed during application Human/animal entered treated area
 Human/animal exposed to drift from application Other _____
 Odor/smell concerns

9. Impression/diagnosis after exam/evaluation Decline to provide

