

Pesticide Poisoning/Illness Reporting Form



Fax completed report to:

Nebraska Department of Health and Human Services
 Attn: Epidemiology
 Fax: 402-471-3601

For reporting questions, contact 402-471-2937 or
 Web: www.dhhs.ne.gov/PublicHealth/OccHealth

Please complete as much information as possible

Provider Info	Physician or Health Care Provider Name	Report Date	Phone	
	Clinic/Institution/Facility			
	Street Address	City/Town	ST	Zip

Patient Info	Patient First Name		Last Name		MI
	Street Address		City	Zip	Phone
	DOB (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
	Occupation (if known)		Employer		

Health and Medical Info	Date of Onset	List any pre-existing conditions (e.g. allergies, asthma, pregnancy, etc)				
	Signs and Symptoms (check all that apply)					
	<u>Dermal</u> <input type="checkbox"/> Bullae <input type="checkbox"/> Burns <input type="checkbox"/> Edema <input type="checkbox"/> Pruritis <input type="checkbox"/> Rash <input type="checkbox"/> Redness <input type="checkbox"/> Other:	<u>Gastrointestinal</u> <input type="checkbox"/> Altered taste <input type="checkbox"/> Anorexia <input type="checkbox"/> Constipation <input type="checkbox"/> Nausea <input type="checkbox"/> Pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Other:	<u>Neurologic</u> <input type="checkbox"/> Confusion <input type="checkbox"/> Dizziness <input type="checkbox"/> Fasciculation <input type="checkbox"/> Paralysis <input type="checkbox"/> Salivation <input type="checkbox"/> Weakness <input type="checkbox"/> Other:	<u>Ocular</u> <input type="checkbox"/> Abrasion <input type="checkbox"/> Blurred vision <input type="checkbox"/> Irritation/pain <input type="checkbox"/> Miosis <input type="checkbox"/> Other:	<u>Respiratory</u> <input type="checkbox"/> Asthma <input type="checkbox"/> Cough <input type="checkbox"/> Cyanosis <input type="checkbox"/> Rhinitis <input type="checkbox"/> Up. resp. pain/irritation <input type="checkbox"/> Wheezing <input type="checkbox"/> Other:	<u>Other</u> <input type="checkbox"/> Bradycardia <input type="checkbox"/> Convulsion <input type="checkbox"/> Chest pain <input type="checkbox"/> Fever <input type="checkbox"/> Sweating <input type="checkbox"/> Tachycardia <input type="checkbox"/> Other:
	Was medical care received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Were Diagnostic or Laboratory Tests Conducted? <input type="checkbox"/> No <input type="checkbox"/> Yes, Completed <input type="checkbox"/> Yes, Pending			
	Was the patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If Yes, Lab Test Name(s)			
	Treatment / Therapies:		Test results (include units)	Normal range/baseline		

Pesticide Poisoning Reporting Form



Exposure Info	Date of Exposure	Name(s) of Pesticide, Active Ingredient Name, or Class		
	Location where exposure occurred (address, cross streets, or other details)			County where exposure occurred
	Exposure occur at work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible <input type="checkbox"/> Unknown		Were others exposed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible <input type="checkbox"/> Unknown	
	Description of Incident			
	Activity at time of exposure (check all that apply)			
	Additional Comments			

Reporting Requirements

Pesticide poisoning and illnesses are reportable conditions. Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals, mercury, or radiologic exposures must be reported within 7 days of detection or diagnosis (173 NAC 1, Chapter 1-004.0). Access the complete reportable disease regulations for Nebraska at http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-01.pdf

Resources

Case Definition of Pesticide Poisoning (CDC): <http://www.cdc.gov/niosh/topics/pesticides/case.html>
 Recognition and Management of Pesticide Poisonings (EPA): <http://www.epa.gov/oppfead1/safety/healthcare/handbook/handbook.pdf>
 Nebraska Occupational Safety and Health Surveillance Program: <http://dhhs.ne.gov/publichealth/occhealth/>
 Nebraska Regional Poison Control: 1-800-222-2222

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 Division of Public Health, Office of Epidemiology
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