

Florida Department of Agriculture & Consumer Services  
Chapter 487.159(2), F.S.

## Physicians' Pesticide Incident Monitoring Report

BOB CRAWFORD  
Commissioner

Report Date: \_\_\_\_\_ Report Time: \_\_\_\_\_ Report Source (use codes on back): \_\_\_\_\_

County Health Unit Reporting (if applicable) \_\_\_\_\_

Official Reporting \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Report Received By \_\_\_\_\_

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Name of Injured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Unknown \_\_\_ Date of Birth: \_\_\_\_\_ Hispanic: Yes \_\_\_ No \_\_\_ Race (use codes on back): \_\_\_\_\_

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of The Reporting Laboratory \_\_\_\_\_ Substance Detected: \_\_\_\_\_

Test Results \_\_\_\_\_ Result Units: \_\_\_\_\_

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Date/Time of Incident : \_\_\_\_\_

Nature of Injury : \_\_\_\_\_

Was The Injury Work Related: Yes \_\_\_ No \_\_\_ Possibly \_\_\_ Unknown \_\_\_

Company Name: \_\_\_\_\_ Occupational Title: \_\_\_\_\_

Type of Pesticide \_\_\_\_\_

County Where Incident Occurred \_\_\_\_\_

Site Where Incident Occurred \_\_\_\_\_

Site Category: Private( business/enterprise) \_\_\_ Public ( office/county landfill/ university plant nursery) \_\_\_ Unknown \_\_\_

Lessee/Owner of Property Where Injury Occurred: Name: : \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

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Comments: (Description of Physical Symptoms): \_\_\_\_\_

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**Mail or FAX to:**

DOH Pesticide Exposure Surveillance Program  
4052 Bald Cypress Way, Bin A08  
Tallahassee, FL 32399-1712  
Phone: 850-245-4117  
FAX: 850-922-8473

DACS Bureau of Compliance Monitoring  
3125 Conner Blvd., Building 8 (L-29)  
Tallahassee, FL 32399-1650  
Phone: 850-488-3314  
FAX: 850-922-6961

## REPORT SOURCE

Definition: Source for Initial Case Report

Coding:

- 01-09 = Report from health care provider or clinic
  - 01 = physician report
  - 02 = outpatient clinic report
  - 08 = other health care provider report
- 10-19 = Report from hospital
  - 10 = reporting by hospital of inpatient hospitalization
  - 11 = reporting by emergency room
  - 12 = hospital discharge record review
  - 18 = other hospital report
- 20-29 = Laboratory Report
  - 20 = report sent by the laboratory
  - 21 = report sent by physician
  - 28 = other laboratory report
- 30-39 = Death Record
  - 30 = death certificate
  - 31 = medical examiner's report
  - 32 = obituary
  - 38 = other surveillance systems
- 40 = Worker's Compensation
- 50-99 = Miscellaneous Reporting Sources
  - 50 = self-report - injured individual reports
  - 51 = co-worker report
  - 52 = news report
  - 53 = report from another governmental agency
  - 54 = identified during site visit
  - 55 = poison control center
  - 56 = worker representative (e.g., union)
  - 57 = lawyer/legal services
  - 58 = medical records review (clinic or hospital record review performed by surveillance staff)
  - 59 = pest control board
  - 60 = employer
  - 61 = HRS State Health Office
  - 62 = HRS Public County Health Unit
  - 63 = another department within the Dept. of Agriculture (e.g., Entomology)
  - 98 = other (not captured in any code category listed in 00-63)
  - 99 = unknown

## RACE

Definition: Self-described race of reported individual

- 1 = American Indian, Alaskan Native
- 2 = Asian or Pacific Islander
- 3 = Black
- 4 = White
- 7 = Multi racial
- 8 = Other
- 9 = Unknown