

Request for Pesticide Information from a Health Care Professional (HCP)



Pesticide Analytical
and Response Center
503.986.6470

To request pesticide information to treat a patient or patients who may be experiencing adverse health effects from pesticide exposure, please complete the form below and email it to the PARC coordinator at parc@oda.oregon.gov.

I am a licensed (check one) Physician Veterinarian Other

Location of application: Please provide as much detail as possible about the application; details include address, city, county, GPS coordinates, date, time, etc. Application site and exposure site may be different (please print).

| | | | | |
|-------|--|-------|-----------------------------|-----------------------------|
| Date: | | Time: | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
|-------|--|-------|-----------------------------|-----------------------------|

Requestor information (please print)

| | | | | | |
|----------|--|------------------|--|------|--|
| Name: | | Clinic/hospital: | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |

Requestor signature:

Human pesticide illness, whether diagnosed or just “suspected” by a health care provider, is a reportable condition to the Oregon Health Authority (OHA) per ORS Chapter 333 Division 18. Was this incident reported to OHA by the faxing of relevant medical records (and patient contact information) to 971.673.0979 or by calling 971.673.0440?

Yes No

If not, please do so as soon as possible.