

PESTICIDE EXPOSURE RECORD *(Confidential)*

1. EXPOSURE TIME AND PLACE				Record number: / / /	
Date of consultation: / /		Time elapsed since exp: 		City	
Date of exposure: / /		Duration of exposure : 		Province	

2. COMMUNICATION <i>(Source of information)</i>							
Name:		Institution: ()		Phone:		Data collection date: / /	
Category of person supplying information: <input type="checkbox"/> Medical <input type="checkbox"/> Paramedical				Officer's initials:			

3. PATIENT DETAILS				
Name (Initials):			Identity N°	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age: 	<input type="checkbox"/> Unknown	If unknown: <input type="checkbox"/> Child <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult	

4. CIRCUMSTANCES OF EXPOSURE <i>(check one, plus "uncertain", if relevant)</i>					
<input type="checkbox"/> Intentional	<input type="checkbox"/> Accidental	<input type="checkbox"/> Occupational	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Unknown	()

5. MAIN ACTIVITY AT TIME OF EXPOSURE <i>(check one, or more than one if "Multiple")</i>					
<input type="checkbox"/> Manufacturing/Formulation	<input type="checkbox"/> By-standing	<input type="checkbox"/> Veterinary Therapy			
<input type="checkbox"/> Application in field	<input type="checkbox"/> Transportation	<input type="checkbox"/> Multiple <i>(specify)</i>			
<input type="checkbox"/> Public health campaign	<input type="checkbox"/> Mixing/Loading	<input type="checkbox"/> Not relevant			
<input type="checkbox"/> Household application	<input type="checkbox"/> Equipment care	<input type="checkbox"/> Other <i>(specify)</i>			
<input type="checkbox"/> Field re-entry	<input type="checkbox"/> Human Therapy	<input type="checkbox"/> Unknown			

6. LOCATION OF EXPOSURE <i>(check one)</i>					
<input type="checkbox"/> Home (urban/periurban)	<input type="checkbox"/> Home (rural)	<input type="checkbox"/> Farm/field	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Garden (urban/periurban)	<input type="checkbox"/> Garden (rural)	<input type="checkbox"/> Public area	<input type="checkbox"/> Storage site	<input type="checkbox"/> Other <i>(specify)</i>	

7. ROUTE OF EXPOSURE <i>(check main route or more than one, if applicable)</i>					
<input type="checkbox"/> Oral	<input type="checkbox"/> Dermal	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Ocular	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other <i>(specify)</i>

8. PRODUCT IDENTITY <i>(add other page(s), if necessary, for each product)</i>					
Product name(s):			<input type="checkbox"/> Unknown		<i>(Co-ordinator to fill-in)</i> Use intended: <input type="checkbox"/> Registered <input type="checkbox"/> Not approved
			<input type="checkbox"/> Concentration <i>(if available)</i> %		
Active Ingredient:					
Physical form: <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Unknown					
Actual use: <input type="checkbox"/> Insecticide <input type="checkbox"/> Herbicide <input type="checkbox"/> Tick control <input type="checkbox"/> Unknown					
			<input type="checkbox"/> Rodenticide <input type="checkbox"/> Fungicide <input type="checkbox"/> Other <i>(specify)</i>		

9. CHEMICAL TYPE <i>(check one or more if relevant)</i>					
<input type="checkbox"/> Organophosphorus	<input type="checkbox"/> Thiocarbamate	<input type="checkbox"/> Dinitrophenol deriv.	<input type="checkbox"/> Fluoroacetate	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Carbamate	<input type="checkbox"/> Coumarin	<input type="checkbox"/> Organomercurial	<input type="checkbox"/> Other <i>(specify)</i>		
<input type="checkbox"/> Organochlorine	<input type="checkbox"/> Dipyridyl	<input type="checkbox"/> Phosphide	<input type="checkbox"/> Specific chemical:		
<input type="checkbox"/> Pyrethroid	<input type="checkbox"/> Phenoxyacid	<input type="checkbox"/> Arsenical			

10. MANAGEMENT					
Treatment given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Referred to other hospital					
Hospitalisation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, days in hospital Days in ICU					

11. SEVERITY GRADING					
Effects: <input type="checkbox"/> Local <input type="checkbox"/> Systemic <input type="checkbox"/> Both		PSS: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			

12. OUTCOME					
<input type="checkbox"/> Recovery	<input type="checkbox"/> Recovery with sequelae	<input type="checkbox"/> Death related	<input type="checkbox"/> Death unrelated	<input type="checkbox"/> Unknown	

13. COMMENTS <i>(stating section; continue overleaf if necessary)</i>					
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