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Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-3763, FAX (225) 925-3760

REGISTRY OF PESTICIDE HYPERSENSITIVE INDIVIDUALS APPLICATION

PART I - HYPERSENSITIVE INDIVIDUAL

PART I - HTPERSENSITIVE INDIVIDUAL				
I request my name be placed on the this registry list will be provided, at predeterm notification to hypersensitive individuals of anti	ined intrevals, to cor	nmercial pesticide applica	ators for the purpose	
I hereby authorize Dr		to release to the		
Louisiana Department of Health and Hospitals in the even that further epidemiological investi understand that I will be notified in advance of subject to written revocation at any time.	, my medical records. gation by the Louisia	na Department of Health	and Hospitals is indi	icated. I also
PLE	ASE PRINT OR TYP	E INFORMATION		
NAME - LAST		FIRST		MI
	PRIMARY RESIDENCE - STF	REET ADDRESS		
-				
CITY	STATE	ZIP	PARISH	
TELEPHONE - DAY				
		SIGNATURE (Parent or guar	dian may sign for children)	DATE
		o.o.u.ro.ta (r.a.om or gaar	alaay olg o. aa.o,	5/112
		WITNESS		DATE
PART II - MEDICAL VERIFICATION				
I certify that the above named individual exposure thereto. I reccommend his/her name				
PLE	ASE PRINT OR TYP	E INFORMATION		
NAME - LAST		FIRST		M.D. or D.O.
	OFFICE ADDRE	SS		
	0.1.027.03.1.			
CITY	STATE	ZIP	PARISH	
TELEPHONE				
		SIGNATURE		DATE
NOTE: Both parts of this form must be completed application must be returned to:		dividual's name to be plac	ed on the registry. Th	ne completed
Louisiana Department of Agricu	iiture & Forestry			

Should there be any questions concerning this application, contact the Department at the preceding address or call: (225) 925-3763.

5825 Florida Blvd., Suite 3000 Baton Rouge LA 70706