



REGISTRY OF PESTICIDE HYPERSENSITIVE INDIVIDUALS APPLICATION

PART I - HYPERSENSITIVE INDIVIDUAL

I request my name be placed on the registry of Louisiana residents hypersensitive to pesticide products. I understand this registry list will be provided, at predetermined intervals, to certified pesticide applicators for the purpose of voluntary notification to hypersensitive individuals of anticipated pesticide applications in the vicinity of their residence.

I hereby authorize Dr. _____ to release to the Louisiana Department of Health and Hospitals, my medical records. I understand that my medical history will be requested only in the event that further epidemiological investigation by the Louisiana Department of Health and Hospitals is indicated. I also understand that I will be notified, in advance, of the request for medical information and the subsequent study. This consent is subject to written revocation at any time.

PLEASE PRINT OR TYPE INFORMATION

NAME - LAST	FIRST	MI
PRIMARY RESIDENCE - STREET ADDRESS		
CITY	STATE	ZIP
PARISH		
()	-	
TELEPHONE		
SIGNATURE (Parent or guardian may sign for children)		DATE
WITNESS		DATE

PART II - MEDICAL VERIFICATION

I certify that the above named individual is a patient of mine and has been evaluated as hypersensitive to pesticides and exposure thereto. I recommend his/her name be placed on a state registry of pesticide hypersensitive individuals.

PLEASE PRINT OR TYPE INFORMATION

NAME - LAST	FIRST	MI	M.D. or D.O.
OFFICE ADDRESS			
CITY	STATE	ZIP	PARISH
()	-		
TELEPHONE			
SIGNATURE			DATE

NOTE: Both parts of this form must be completed in order for an individual's name to be placed on the registry. The completed application must be returned to:

Louisiana Department of Agriculture & Forestry
5825 Florida Blvd., Suite 3000
Baton Rouge LA 70706

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