



REGISTRY OF PESTICIDE HYPERSENSITIVE INDIVIDUALS APPLICATION – PAGE 1 OF 2

PART 1 – 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 below.

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

PRIMARY RESIDENCE – STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARISH: _____ TELEPHONE NUMBER: _____

SIGNATURE (PARENT OR GUARDIAN MAY SIGN FOR CHILD): _____

DATE: _____

WITNESS: _____

DATE: _____



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PART 2 - MEDICAL VERIFICATION

I certify that _____ 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 below.

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

CHOOSE ONE: MD DO

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARISH: _____ TELEPHONE NUMBER: _____

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 and Forestry
5825 Florida Blvd., Suite 3003
Baton Rouge, LA 70806

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