

## PHYSICIAN'S CONFIDENTIAL REPORT OF KNOWN OR SUSPECTED PESTICIDE-RELATED ILLNESS

**A pesticide illness case** is a patient who is or may be suffering from pesticide poisoning or any disease or condition caused by a pesticide. The term pesticide includes any product intended to repel, kill, prevent, destroy, control, or mitigate any pest. Pesticides include insecticides, herbicides, plant growth regulators, rodenticides or other vertebrate control agents, repellents, dessicants, fungicides, miticides, disinfectants, sterilants, and sanitizers. Physicians are required to report known or suspected pesticide-related illness to the local health officer within 24 hours (Code of Maryland Regulations 10.06.01).

### Section I. Patient Information

Last Name	First Name	MI	Birth Date (MM/DD/YYYY)	Age	
Address			City	State	Zip Code
Phone	Email	Name of Parent/Guardian (if under 18)			

### Section II. Provider Information

Last Name	First Name	Reporting Health Care Facility		
Address		Suite Number	City	
Phone	Email	Fax	State	Zip Code

### Section III. Exposure Information

<p><b>Description of exposure/agent and outcomes (including testing and treatment, if known):</b></p>
<p><b>Was exposure work-related?</b>      Yes                  No</p>

Reports can be submitted by [email](#), phone (1-866-703-3266), fax (410-333-5995), or can be mailed to:

Environmental Health Bureau  
Maryland Department of Health  
201 West Preston Street, Room 327  
Baltimore, MD 21201

#### Confidential Patient Medical Information Requirements

This document contains confidential medical information, subject to federal and state law. Submission as prescribed will not violate the Health Insurance Portability and Accountability Act of 1996, or HIPAA (Pub. L. 104-191; 45 CFR Part 160 and Part 164, Subparts A and E).