

# Symptoms or Illness Potentially Related to Pesticides Used in LBAM Trapping and Eradication Program in California 2008

Please send form to: [ReactionToSpraying@yahoo.com](mailto:ReactionToSpraying@yahoo.com) or P.O. Box 1612, Pebble Beach, Ca, 93953

Name \_\_\_\_\_ (  ) Keep Name Anonymous (Blacked out in public copies)

Contact Info \_\_\_\_\_ (  ) Keep Contact info Anonymous in public copies

Age \_\_\_\_\_ Gender \_\_\_\_\_ (  ) Keep Personal info Anonymous in public copies

===== (vDSC2)

**Symptoms and Duration** of Each Symptom (example “tingling on skin – Thursday at 11am”)

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**Date & Time** symptoms began \_\_\_\_\_

**Geographic Location** where you first experienced symptoms \_\_\_\_\_

**Any Previous General Health Problems** (such as asthma, weak immune system) \_\_\_\_\_

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Were you aware of pesticide applications before symptoms began? \_\_\_\_\_ (Yes/No)

Did you Hear Planes Flying Overhead? \_\_\_\_\_ (Yes/No) Did you see Twist Ties Nearby? \_\_\_\_\_ (Yes/No)

Did you see Traps? \_\_\_\_\_ (Yes/No) Other Pesticide Applications? \_\_\_\_\_ (Yes/No) (Describe what you saw below)

Any other relevant information (attach additional pages if necessary) \_\_\_\_\_

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**I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.**

Signed \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2008, at (location:) \_\_\_\_\_, California