

**Pennsylvania Department of Agriculture  
Registry of Pesticide Hypersensitive Individuals  
Application**



For Office Use Only

\_\_\_ Initial Application (Parts I & II)

**Directions:** Part I & II of the application must be completed for the individual's name to be placed in the Registry. All information for each location you wish listed must be completed (all boxes) or the application will be returned. The "Alternate Telephone Number" is an individual willing to accept calls and forward information to you. Part II is not required for annual renewals.

**Part I – To be completed by the Hypersensitive Individual** \_\_\_ Renewal (Part 1 only)

I hereby request to have my name placed in the Pennsylvania Pesticide Hypersensitive Registry. I understand that the application information and the Hypersensitivity Registry are considered public documents and waive all rights to privacy pertaining to the information contained on this application or listed in the Pesticide Hypersensitivity Registry. I hereby give my permission to the Pennsylvania Department of Agriculture to publish this information and place it in full public view through printed and electronic media.

\_\_\_\_\_  
**\*Signature** (Parent or legal guardian must sign for minor child) **\*Date**

**Please Print or Type Information**

<b>*Name</b> (Last)	(First)	(M.I.)	(Suffix)	<b>Date of Birth</b> ____/____/____	*Male ____ *Female ____
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<b>*A. Primary Residence (Home)</b> (Must be a street address)			*Mailing address if different		
*City (Post Office)	*Municipality (Twp. Boro or City)	*State <b>PA</b>	*Zip + 4		
*County	*Telephone Numbers (Include Area Codes) (*Night) (*Day)		(*Alternate)		
E-mail Address (Optional)	<b>* Denotes Required Information</b>			<i>GPS Location (office use)</i>	

**Please complete the following for secondary locations that you would like to have listed in the Registry. These locations are limited to: Vacation Home, School (where you are a student), and place of employment.**

<b>B. Secondary Location – Street Address for Vacation Home</b>			City (Post Office)		
Municipality (Twp. Boro or City)	State <b>PA</b>	Zip + 4	County		
Your Telephone Numbers (if Different than A. above. Include Area Codes) (Day) (Night) (Alternate)			<i>GPS Location (office use)</i>		

**The Medical Verification information on the back of this sheet must be completed for Initial applications only.**

<b>C. Secondary Location – Name and Street Address for School</b>			<b>City</b> (Post Office)
<b>Municipality</b> (Twp. Boro or City)	<b>State</b> <b>PA</b>	<b>Zip + 4</b>	<b>County</b>
<b>Your Telephone Numbers</b> (If Different than A. above. Include Area Codes) (Day) _____ (Night) _____ (Alternate) _____			<b>GPS Location (office use)</b>

<b>D. Secondary Location – Name and Street Address for Employer</b>			<b>City</b> (Post Office)
<b>Municipality</b> (Twp. Boro or City)	<b>State</b> <b>PA</b>	<b>Zip + 4</b>	<b>County</b>
<b>Your Telephone Numbers</b> (If Different than A. above. Include Area Codes) (Day) _____ (Night) _____ (Alternate) _____			<b>GPS Location (office use)</b>

<b>Part II – Medical Verification.</b> (Medical verification information must be completed by a Pennsylvania licensed medical doctor and is only required for <u>initial</u> application only.)	
I certify that I am licensed to practice medicine in the Commonwealth of Pennsylvania and the above named individual is a patient of mine and has been evaluated as being hypersensitive to pesticide exposure thereto. I recommend that their name be placed in the registry of pesticide hypersensitive individuals.	
_____ <b>Physician's Signature</b>	_____ <b>Date</b>
<b>Please Print or Type Information</b>	
Physician's Name (Last) _____ (First) _____ (M.I.) M.D/ D.O.	PA Medical License Number _____
Office Address: City, State, Zip Code _____	
Telephone _____	

Return the completed form to: PA Department of Agriculture  
Bureau of Plant Industry  
Division of Health and Safety  
2301 North Cameron St.  
Harrisburg, PA 17110-9408  
Phone 717-772-5231 Ext. 2