

Michigan Department of Agriculture  
And Rural Development  
P.O. Box 30017  
Lansing, Michigan 48909  
(517) 241-1169

## PESTICIDE APPLICATION NOTIFICATION REGISTRY PHYSICIAN'S CERTIFICATION

(In Accordance with Act 451, P.A. 1994)

PLEASE PRINT OR TYPE

<b>1 NAME OF PERSON REQUIRING NOTIFICATION</b>			
LAST	FIRST	MIDDLE INITIAL	
STREET ADDRESS			
CITY	STATE	ZIP	COUNTY
<b>2 PHYSICIAN'S INFORMATION</b>			
PHYSICIAN'S LAST NAME	FIRST	MIDDLE INITIAL	
STREET ADDRESS		TELEPHONE NUMBER	
CITY	STATE	ZIP	COUNTY
<b>3 THIS APPLICANT SHOULD BE PLACED ON THE REGISTRY OF PERSONS REQUIRING NOTIFICATION PRIOR TO TURF AND ORNAMENTAL PESTICIDE APPLICATIONS TO ADJACENT PROPERTIES</b>			
<b>MEDICALLY DIAGNOSED CONDITION OR AILMENT</b> Consistent with medical references such as ICD-9-CM International Classification of Diseases, or the American Medical Association's Physician's Current Procedural Terminology CPT98.		<b>INSURANCE CODE FOR MEDICALLY DIAGNOSED CONDITION OR AILMENT</b>	
Diagnosed Condition or Ailment:		Code:	
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Diagnosed Condition or Ailment		Code:	
<b>4 ADDITIONAL DISTANCE RECOMMENDED FOR NON-ADJACENT PROPERTIES</b>			
I hereby recommend that the additional distance notification of _____ feet is deemed necessary for the above person as medically substantiated by the following:			
1.			
2.			
3.			
<b>5</b> I certify that the applicant named in the first section is a patient under my direct care, whom I have examined and who should avoid exposure to pesticides due to the above condition(s) listed (as required by Regulation 637, Rule 5(1)(a)(b)). The applicant should be placed on the registry of persons requiring notification prior to pesticide application(s) to adjacent and/or additional properties as substantiated above.  I further certify that I have completed this form and I am licensed to practice medicine in the State of _____ License Number: _____.			
<b>6 Signature of Physician</b>			<b>Date</b>

Note: Physician should maintain a copy of this form in the patient medical records file.