



MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

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**PESTICIDE APPLICATION NOTIFICATION REGISTRY
PHYSICIAN'S CERTIFICATION**

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

PLEASE PRINT OR TYPE

SECTION 1 - PERSON REQUIRING NOTIFICATION			
LAST	FIRST	MIDDLE INITIAL	
STREET ADDRESS			
CITY	STATE	ZIP	COUNTY
SECTION 2 - PHYSICIAN'S INFORMATION			
PHYSICIAN'S LAST NAME	FIRST	MIDDLE INITIAL	
STREET ADDRESS		TELEPHONE NUMBER	
CITY	STATE	ZIP	COUNTY
<p>Michigan Regulation 637 (Pesticide Use), Rule 5, establishes a registry of persons who, due to a current medically documented condition, require notification before a commercial applicator applies turf or ornamental pesticides to an adjacent property, or to a property that is within the additional distance recommended by a physician. <u>Regulation 637, Rule 5, does not prohibit the application of pesticides, nor does it require private property owners to provide prior notification.</u> Additionally, commercial applicators are not required to provide notification when they apply a general-use, ready-to-use turf or ornamental pesticide or pesticides applied for another purpose.</p>			
SECTION 3 - THE PERSON NAMED IN SECTION 1 SHOULD BE PLACED ON THE REGISTRY OF PERSONS REQUIRING NOTIFICATION PRIOR TO <u>COMMERCIAL</u> TURF AND ORNAMENTAL PESTICIDE APPLICATIONS ON <u>ADJACENT</u> PROPERTIES FOR THE FOLLOWING REASONS			
MEDICALLY DIAGNOSED CONDITION OR AILMENT 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.		INSURANCE CODE FOR MEDICALLY DIAGNOSED CONDITION OR AILMENT:	
Diagnosed Condition or Ailment:		Code:	
Diagnosed Condition or Ailment:		Code:	
Diagnosed Condition or Ailment:		Code:	
Diagnosed Condition or Ailment:		Code:	
SECTION 4 - ADDITIONAL DISTANCE RECOMMENDED FOR <u>NON-ADJACENT</u> PROPERTIES (100 FOOT MAXIMUM)			
I hereby recommend that the additional distance notification of _____ feet is deemed medically necessary and substantiated for the above person.			
COMMENTS:			
<p>I certify that the person named in Section 1 is a patient under my direct care, whom I have examined and who should avoid exposure to pesticides due to the above condition(s) or ailment(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 turf and ornamental pesticide application(s) on adjacent and/or additional properties as substantiated above.</p> <p>I further certify that I have completed this form and I am licensed to practice medicine in the State of _____ License Number _____</p>			
SIGNATURE OF PHYSICIAN		DATE	

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