Agricultural Injury and Illness Surveillance Project; Hillsborough County, FL – Phase I

Case ID: ________________
Collection date: __________/______/______
Health Center ID: ________________
Sentinel Visit Date: __________/______/______
Sentinel condition: ________________
Sentinel ICD-9 Code: ________________
Case status:
1. Definite
2. Probable
3. Possible
4. Consensus
1. Ruskine
2. Plant City
3. Dover
Date of first encounter
for sentinel condition: __________/______/______

*Adapted from a form developed at NEC for Ag & Oec Health, Cooperstown, NY.

Patient Information (Demographics)

1. Date of birth (mm/dd/yy) __________/______/______
2. Gender: 1. Male 2. Female

3. Race/ethnicity:
   1. Hispanic
   2. African-American
   3. Caucasian
   4. Other (specify) ________________
   5. No information

4. Job status:
   1. Farmworker, no reference to migrant or seasonal
   2. Migrant farmworker
   3. Seasonal or temporary worker
   4. Farmworker, permanent employee
   5. Other (describe) ________________

5. Describe what happened to the patient. CIRCLE ONLY ONE

A. Fell from
   1. Tree
   2. Ladder
   3. Building/structure
   4. Tractor or truck
   5. Standing/walking on ground level
   6. Other (describe) ________________
   7. Unknown

B. Backache associated with
   1. Lifting
   2. Holding awkward posture (i.e., reaching, stooping)
   3. Developed pain over time (unknown moment in time)
   4. Other (describe) ________________
   5. Unknown

C. Strained muscle or joint while
   1. Lifting
   2. Holding awkward posture (i.e., reaching, stooping)
   3. Developed pain over time (unknown moment in time)
   4. Other (describe) ________________
   5. Unknown

D. Struck by
   1. Tree branch
   2. Equipment/tool (describe) ________________
   3. Crop (describe) ________________
   4. Vehicle (describe) ________________
   5. Other (describe) ________________
   6. Unknown

E. Contact with/exposure to:

1) Natural allergens/irritants
   1. Poison ivy/oak
   2. Pollen
   3. Mold
   4. Water/moisture
   5. Plant material (specify) ________________
   6. Other (describe) ________________

2) Chemicals
   1. Pesticides
   2. Insecticides
   3. Cleaning agents
   4. Fertilizers
   5. Fumes/vapors
   6. Other (describe) ________________

3) Unknown

How did contact/exposure occur? Through (circle all that apply):
   1. eyes
   2. Skin
   3. Breathing
   4. eating
   5. other (describe) ________________

G. Other
   Cut (by) ________________ Crushed (by) ________________
   Pierced (by) ________________ Burned (heat) (by) ________________
   Caught in machine (machine type) ________________ Rubbing (by) ________________
   Other (describe) ________________
6. **Contributing Factors**: Circle number next to any of the following factors that are named in chart or by patient as contributing to the injury/illness. Circle all that apply, but only if they have been mentioned:

1. Wet surface
2. Bending or stooping
3. Carrying object
4. Reaching
5. Lifting
6. Riding or getting off tractor/trailer
7. Faulty guards, restraints on machinery
8. Collapse of branch, equipment or structure
9. Loose or inappropriate footwear
10. Inappropriate protective gear or clothing
11. Cutting weeds
12. Crop covered with poison ivy/oak/sumac
13. Contact with cleaning material
14. Applying/mixing pesticide
15. Crop covered with pesticide
16. Working in vicinity of spraying — pre-warning: y or n
17. Previous injury/condition
18. Inadequate breaks or rest
19. Weather conditions (describe) ___________________
20. Worker error (describe) ___________________
21. Unknown

22. Other (describe) ____________________________

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7. **Medical Diagnosis** – circle up to three diagnoses and body parts if applicable. For multiple diagnoses write the number in the blank next to each diagnosis which shows the order in which it appears on chart (e.g., "1" for first diagnosis, etc.)

<table>
<thead>
<tr>
<th>7A. Diagnosis</th>
<th>7B. Part of the body</th>
<th>7C. Filing Worker's Compensation claim?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. abrasion</td>
<td>1 abdomen/pelvis</td>
<td>23 lung</td>
</tr>
<tr>
<td>2. allergies</td>
<td>2 ankle</td>
<td>24 mouth/lip</td>
</tr>
<tr>
<td>3. backache</td>
<td>3 arm</td>
<td>25 neck</td>
</tr>
<tr>
<td>4. burn</td>
<td>4 back</td>
<td>26 nose</td>
</tr>
<tr>
<td>5. cellulitis</td>
<td>5 buttocks</td>
<td>27 pelvis</td>
</tr>
<tr>
<td>6. contusion</td>
<td>6 calf</td>
<td>28 rib</td>
</tr>
<tr>
<td>7. crushing injury</td>
<td>7 chest</td>
<td>29 scalp</td>
</tr>
<tr>
<td>8. dermatitis</td>
<td>8 coccyx</td>
<td>30 shin</td>
</tr>
<tr>
<td>9. dislocation</td>
<td>9 ear</td>
<td>31 shoulder</td>
</tr>
<tr>
<td>10. foreign body</td>
<td>10 elbow</td>
<td>32 skin</td>
</tr>
<tr>
<td>11. fracture</td>
<td>11 eye</td>
<td>33 sole of foot</td>
</tr>
<tr>
<td>12. infection</td>
<td>12 face</td>
<td>34 spine</td>
</tr>
<tr>
<td>13. laceration</td>
<td>13 finger</td>
<td>35 stomach</td>
</tr>
<tr>
<td>14. muscle spasm</td>
<td>14 fingertip</td>
<td>36 thigh</td>
</tr>
<tr>
<td>15. pesticide reaction</td>
<td>15 foot</td>
<td>37 throat</td>
</tr>
<tr>
<td>16. puncture</td>
<td>16 groin</td>
<td>38 thumb</td>
</tr>
<tr>
<td>17. rash</td>
<td>17 hand</td>
<td>39 toe</td>
</tr>
<tr>
<td>18. sprain/strain</td>
<td>18 head</td>
<td>40 toenail</td>
</tr>
<tr>
<td>19. urticaria</td>
<td>19 heel</td>
<td>41 trunk</td>
</tr>
<tr>
<td>20. other</td>
<td>20 hip</td>
<td>42 wrist</td>
</tr>
<tr>
<td>(describe)</td>
<td>21 knee</td>
<td>43 other</td>
</tr>
<tr>
<td>(describe)</td>
<td>22 leg</td>
<td>(describe)</td>
</tr>
</tbody>
</table>

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8. **Crops/commodities** – Circle the main commodity subject was working when he/she became injured or ill. Circle only one:

<table>
<thead>
<tr>
<th>A. FRUIT</th>
<th>B. VEGETABLES</th>
<th>C. OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. blackberries</td>
<td>10. avocados</td>
<td>21. com</td>
</tr>
<tr>
<td>2. blueberries</td>
<td>11. cabbage</td>
<td>22. foliage</td>
</tr>
<tr>
<td>3. grapefruits</td>
<td>12. cantaloupe</td>
<td>23. hay/alfalfa</td>
</tr>
<tr>
<td>4. grapes</td>
<td>13. celery</td>
<td>24. nursery / greenhouse</td>
</tr>
<tr>
<td>5. oranges</td>
<td>14. collards</td>
<td>25. pecans</td>
</tr>
<tr>
<td>6. tangerines</td>
<td>15. cucumbers</td>
<td>26. sod</td>
</tr>
<tr>
<td>7. strawberries</td>
<td>16. eggplant</td>
<td>27. soybeans</td>
</tr>
<tr>
<td>8. watermelon</td>
<td>17. peppers</td>
<td>28. sugarcane</td>
</tr>
<tr>
<td>9. other fruit</td>
<td>18. peas</td>
<td>29. other</td>
</tr>
<tr>
<td>(specify)</td>
<td>19. tomatoes</td>
<td>(describe)</td>
</tr>
<tr>
<td>20. other</td>
<td>20. other</td>
<td>30. unknown</td>
</tr>
</tbody>
</table>

9. **Location where condition occurred:**

1. ____ barn
2. ____ field
3. ____ grove
4. ____ packing house
5. ____ greenhouse
6. ____ nursery
7. ____ other (describe)

8. ____ unknown
10. **Condition course**

**A. Did patient visit ER for this condition?**
   1. Yes
   2. No documentation

**B. Was patient admitted to the hospital for this condition?**
   1. Yes
   2. No documentation

**C. How many outpatient visits for this condition?**
   1. Number: __________
   2. No documentation

**D. Estimated time off work due to condition:**
   1. None
   2. Less than a week
   3. 1-4 weeks
   4. 4 weeks to 6 months
   5. 6 months to indefinite
   6. Cannot determine