

**Symptoms or Illness Potentially Related to
Aerial Chemical Spraying of Coastal California, 2007-2010**

Please send form to – 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 ____ (Male/Female) () Keep Personal info Anonymous in public copies
===== (v5)

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

Date & Time symptoms began _____

Geographic Location where you first experienced symptoms _____

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

Were you aware of spraying before symptoms began? _____ (Yes/No)

Did you Hear Planes Flying Overhead __ (Yes/No)

Any other relevant information (you may attach additional pages -- _____

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 _____ 20__ at (example: Carmel) _____, California.