Symptoms or Illness Potentially Related to
Aerial Chemical Spraying of Monterey Peninsula, Sept 2007

Please send form to – ReactionToSpraying@Yahoo.com or P.O. Box 1612, Pebble Beach, Ca, 93953

Name _____ (__) **Keep Name Anonymous (Blacked out in copies)**

Age _____ Gender ____ (Male/Female) (__) **Keep Personal information Anonymous**

==========(v2)

Date & Time symptoms began _____

Geographic Location where you first experienced symptoms _____

_____

Symptoms and Duration of Each Symptom – (example "face turned red starting Thursday at 11:am")

_____

_____

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_____

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 -- _____

_____

_____

I declare under penalty of perjury under the laws of the state of California the foregoing is true and correct.

Executed this ___ day, October 2007 at _____, California.

Signed _____