

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

Please send form to – [ReactionToSpraying@yahoo.com](mailto: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”)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_