

Iowa Department of Public Health

Division of Environmental Health

Lucas State Office Building

321 E. 12th Street Des Moines, Iowa 50319-0075

Iowa Farm Injury Report Form

"Agriculturally related injury" means any non-household injury to a farmer, farm worker, farm family member, or other individual, which occurred on a farm, or in the course of handling, producing, processing, transporting or warehousing farm commodities.

Agriculturally related injuries are required to be reported to the Iowa Department of Public Health under the [Iowa Administrative Code \[641\]-1 \(139A\)](#)
Fax report to 515-281-4529, call 1-800-972-2026 or mail to address above

PATIENT INFORMATION			
Name: _____ (Last) (First) (Middle Initial)			
Address: _____			
City: _____		County: _____	Zip: _____
Phone: Home () -		Work () -	Other () -
DOB: / /		Age: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Due Date: / /	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		<input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
If minor, Parent name(s): _____			
Background: <input type="checkbox"/> Farmer/retired farmer <input type="checkbox"/> Farmer family member <input type="checkbox"/> Service provider on farm <input type="checkbox"/> Farm employee/worker <input type="checkbox"/> Farmer as 2 nd job/part time <input type="checkbox"/> Farmer spouse <input type="checkbox"/> Non- farm resident/visitor			
If farm employee/worker: Occupation/duties: _____		Name of Employer: _____	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other:			
OCCUPATION INFORMATION			
Is the patient employed somewhere other than the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, complete below:			
Occupation: _____		Job title/duties: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other:
Employer name: _____		Address: _____	
Employer type/industry: _____		City/State: _____	
Phone: () - Type: _____		Zip code: _____	County: _____
INJURY INFORMATION			
Date of injury: / /		Time of injury: : AM / PM	Is the site of injury the patient's home address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, provide address for site of injury:)
Address: _____			
City/State: _____		Zip code: _____	County: _____
Where did the injury occur? <input type="checkbox"/> Farm building or structure other than house (specify): _____ <input type="checkbox"/> Farmyard <input type="checkbox"/> Feedlot		<input type="checkbox"/> Field or cropland <input type="checkbox"/> Farmland pasture, range, woods <input type="checkbox"/> Pond or pool <input type="checkbox"/> Stream or river <input type="checkbox"/> Uncovered lagoon or earthen manure storage	<input type="checkbox"/> Confinement manure storage pit <input type="checkbox"/> Ag industry <input type="checkbox"/> Highway/interstate (state or federal) <input type="checkbox"/> Paved county or local road
<input type="checkbox"/> Unpaved county or local road <input type="checkbox"/> Farm driveway or private roadway <input type="checkbox"/> Offsite ag industry or business <input type="checkbox"/> Other:			
Injury Diagnosis/Description: (Include ICD-9 and E-codes if available)			
Describe the injury-causing event:			
Estimated time off work/regular activities: <input type="checkbox"/> 0-1 week <input type="checkbox"/> 1-4 weeks <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> Over 6 months			
Was the person actively engaged in handling, producing, processing, transporting or warehousing farm commodities?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was the person present in the vicinity of active agricultural production but not personally engaged in agriculture production?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was the person on a farm but the incident was not related to agricultural production?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was the injury: <input type="checkbox"/> Self inflicted <input type="checkbox"/> Result of an assault <input type="checkbox"/> Unintentional <input type="checkbox"/> Unknown			
Injury severity: <input type="checkbox"/> Assessment only – no treatment needed <input type="checkbox"/> Assessed & treated on site <input type="checkbox"/> Transported by EMS <input type="checkbox"/> Treatment by outpatient medical provider/clinic only		<input type="checkbox"/> ED/Trauma Center/24 hr observation <input type="checkbox"/> Admitted to Trauma center/Hospital/Medical center <input type="checkbox"/> Transferred to specialty facility Date: _____ Facility: _____ <input type="checkbox"/> Fatality	
MEDICAL PROVIDER AND REPORTER INFORMATION			
Date of patient treatment: / /		Time of patient treatment: : AM / PM	
Medical facility name: _____		Medical facility address: _____	
Reporter name: _____		Date reported to IDPH: _____	
Reporter phone: _____		Reporter Position/Title: _____	
Comments:			

Who is required to report:

Health care providers, hospitals, clinical laboratories, and other health care facilities, school nurses or school officials, laboratories, poison control and poison information centers, medical examiners, occupational nurses and hospitals, health care providers and clinical laboratories are required to report all reportable poisonings and conditions to the Iowa Department of Public Health in the specified format below. Providers who treat Iowa patients outside the state of Iowa are also required to report.

Environmental and Occupational Diseases Reportable to the Iowa Department of Public Health		
Diseases reportable to the Division of Environmental Health		
Report by IDSS, phone, fax, or mail using the disease specific forms found at https://idph.iowa.gov/Environmental-Health-Services/Reportable-Conditions Arsenic Poisoning Cadmium Poisoning Carbon Monoxide Poisoning Methemoglobinemia Mercury Poisoning	Report by phone, fax, or mail using the <u>Environmental and Occupational Reporting Form</u>: Hypersensitivity pneumonitis Non-communicable respiratory illness Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction Pesticide poisoning Severe skin disorder Toxic hepatitis	Medical Providers report by fax or mail using this form: OR Trauma Sites report using the Iowa Trauma Registry (Bureau of EMS): Agricultural related injury Report electronically: Lead poisoning (child or adult) (If ≥ 20 $\mu\text{g}/\text{dL}$ report by phone) Report by phone: Microcystin (Blue-green algal) poisoning
How to report to the Division of Environmental Health		
Phone (Mon-Fri 8 am-4:30 pm):		800-972-2026
Fax:		515-281-4529
Address:		Iowa Department of Public Health Division of Environmental Health Lucas State Office Building 321 E. 12th Street Des Moines, Iowa 50319-0075
24-hour Disease Reporting Hotline: (For use outside of EH office hours)		800-362-2736

Infectious and Communicable Diseases Reportable to the Iowa Department of Public Health	
Diseases reportable to the Center for Acute Disease Epidemiology (CADE)	
Please reference the Epi Manual for reportable infectious and communicable diseases and guidelines. The Epi Manual can be found on the Iowa Department of Public Health website: https://wiki.idph.iowa.gov/epimanual/	
How to report to the Center for Acute Disease Epidemiology	
24-hour Disease Reporting Hotline: 800-362-2736	
Fax number: 515-281-5698	
Iowa Disease Surveillance System (IDSS): Contact the Center for Acute Disease Epidemiology at 800-362-2736	

STD/HIV/AIDS Reporting to the Iowa Department of Public Health	
STD/HIV/AIDS: report by mail HIV/AIDS cases or HIV-exposed newborn infant: <ul style="list-style-type: none"> ▪ <i>Healthcare providers:</i> use the Pediatric or Adult Confidential Case Report Form ▪ <i>Laboratories:</i> send copy of lab report or the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection 	Sexually transmitted disease (STD) reporting: Use the Iowa Confidential Report of Sexually Transmitted Disease & HIV Infection for Chlamydia, Gonorrhea and Syphilis For questions on HIV/AIDS call (515) 242-5141 For questions on STDs call (515) 281-3031

For more information, visit our website at <https://idph.iowa.gov/>

Report the following IMMEDIATELY to the 24/7 DISEASE REPORTING HOTLINE: 800-362-2736

Outbreaks of any kind, unusual syndrome, or uncommon diseases. These could be infectious, environmental or occupational in origin and may include food-borne outbreaks and illness secondary to chemical exposure (e.g. pesticides, anhydrous ammonia).

Diseases or syndromes of any kind caused by a biological, chemical or radiological agent or toxin when there is reasonable suspicion that the agent or toxin may be the result of a deliberate act such as terrorism. Examples of these agents or toxins include (but are not limited to) anthrax, mustard gas, sarin gas, ricin, tularemia, and smallpox.