ENVIRONMENTAL HEALTH PROGRAMS
INSECT ID FORM

Sticker Here

PLEASE COMPLETE IN FULL

Submission Date: _____
Day / Month / Year

Follow Up Requested Y / N

Name: _____
First Name Last Name

Address: _____
Street City Province Postal Code

Contact Phone #: _____Email:_____

Date Insect Found: _____
Day / Month / Year

Landlord Information (if applicable):

_____

_____

_____

Tick Submission – please complete the following fields:

Tick Removed From (**Host*): ☐ Human ☐ Dog ☐ Cat ☐ Other – Specify _____

Please Enter the Number of Ticks Submitted:

Human	Dog	Cat	Other

Has the * *Host* travelled in the last 14 days? ☐ No ☐ Yes - Location: _____

Identify probable **geographic** location where tick was acquired:

_____

_____

_____

Additional Comments:

_____

_____

Personal information on this form is collected under the authority of the *Health Protection and Promotion Act, R.S.O. 1990,* as amended and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004.* This information will be used to maintain an immunization record. For questions regarding the collection of your personal information, please contact the Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5900.

Thunder Bay District Health Unit

PHI DOCUMENTATION NOTES: ***INSPECTOR NAME:***_____

_____

_____

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_____

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_____

EH-VBD-01
November 2018

For Office Use Only

	Male	Female	Engorged	How Long?
Black Legged Tick				
Wood Tick				
Other				

Additional Comments:

_____

_____

Signature: _____ **Date:** _____

LAB TEST RESULTS: _____