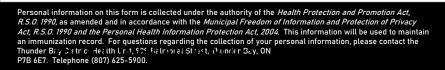
ENVIRONMENTAL HEALTH PROGRAMS INSECT ID FORM

Sticker Here

PLEASE COMPLETE IN FULL		Ottokor i io	71 0
Submission Date:		Fallow the Barresshoot	
Day / Mont	th / Year	Follow Up Requested	Y / N
Name:			
First Name	L	ast Name	
Address:	City	Province	Postal Code
Sireei	City	Province	Posiai Code
Contact Phone #:	E	mail:	
Date Insect Found:	nth / Year		
Landlord Information (if applic	cable):		
Tick Submission – please com	plete the following	fields:	
Tick Removed From: □ Huma	n □ Dog □ C	at 🛘 Other – Specify	
Please Enter the Number of Tic	cks Submitted:		
Human Dog	Cat O	ther	
Identify probable geographic	location where tic	k was acquired:	
Additional Comments:			





PHI DOCUMENTATION NOTES	S: INPSECTOR NAME:	
EH-VBD-01 April 2023		
or Office Use Only		
Male	Female Engorged	How Long?
Black Legged Tick Wood Tick		
Other		
dditional Comments:		

Date: __

Signature: _

LAB TEST RESULTS: _