

**HUMAN SUSPECTED ADVERSE REACTION TO SHEEP DIP
ADR:**

Name

Age

Sex

Occupation - with relevance to the activity e.g.
farmer, farm worker, veterinarian, pet owner, etc

Product name

Licence number/.....

Have you used OP Sheep
Dip(s) in the past. If so, when?

SYMPTOMS OF THE SUSPECTED ADVERSE REACTION

Did you have symptoms which
occurred
soon after exposure to the dip?
If so when did they occur? (in seconds,
mins, hours, days, weeks etc.)

What were the first symptoms and how
long did they last? In cases of 'flu-like'
symptoms please state individual
symptoms.

Did the dipping continue after the first
symptoms occurred? If yes please say
how long, e.g. in hours, days, etc.

Did the symptoms continue after the
dipping had stopped? (Yes/No)

Give details of any symptoms occurring
afterwards, suspected as resulting from
the exposure to sheep dip. When did
they occur and for how long did they
last?

Were you suffering from any illnesses (e.g. flu) or other symptoms prior to the exposure to sheep dip? Please give details.

Have you suffered from any animal diseases e.g. brucellosis or leptospirosis? If so please give details.

Were/are you on any long term medication e.g. for asthma, epilepsy, arthritis? If so please give details.

Have you had previous contact with this product or other similar ones? If so please give details of products, approximate dates used and any previous symptoms.

Name and address of your doctor:

(Please can you sign the authorisation slip (on Page 6) so that I can contact your doctor for further information.)

Did you attend hospital? (If so please give address of hospital and name of doctor)

What treatment were you given by your doctor/the hospital, if any?

Please complete the following questions with reference to the reported incident. However, if the answers also relate to previous or later dippings/contact with dip please make a note of this here or on the back of the sheet.

DETAILS OF EXPOSURE TO SHEEP DIP SUSPECTED OF CAUSING THIS REACTION

Were you involved in the sheep dipping procedure? If so what was your task during the procedure?

If you were not exposed to sheep dip during the dipping procedure when/how were you exposed to it e.g. jetting, handling sheep? Please give details.

Date of start of dipping or exposure to dip.

How long were you involved in the activity which you believe exposed you to sheep dip? (In minutes, hours or days.)

How many sheep did you dip that day, or if dipping extended beyond one day, how many sheep were dipped, on average, per day?

During this time, were you exposed to the dip? If yes, how much contamination did you have from dipping/observing etc – e.g. soaked, slight wetting, smell, other, none.

If spillage, splashes etc occurred how long were any spillages etc left on the skin before washing off?

Please state whether spillage etc involved concentrated, diluted dip, or both.

Did you handle the container(s) of concentrated sheep dip?

Was the concentrated dip delivered through a closed transfer system/

soluble sachets?

As far as you are aware, was the dip bath replenished at any stage?

If so, please give details.

Was the dip bath sited in a walled building (please state with or without roof) or in a contractor's vehicle?

Were you exposed to concentrated dip other than by spillage or splashes etc?

If so, how?

What were the weather conditions: cloudy, windy, humid, dry, sunny, etc?

On the back of sheet please draw a plan of the animal treatment arrangements and indicate your position.

PROTECTIVE CLOTHING

Was protective clothing used or not used for: hands: YES/NO*
body: YES/NO*
feet: YES/NO*

**(Please delete where appropriate)*

If protective clothing was used please give details of the clothes worn including type of gloves, if used.

Please give details of the condition of clothing e.g. new, old, worn, damaged.

Did you remove clothing at any stage e.g. at lunchtime? If yes, please say when.

Was the protective clothing cleaned after dipping or before the next day's use?

OTHER QUESTIONS

Were other people involved in the dipping/other procedures e.g. farm staff, contract staff, Defra?
If yes, were they subject to any after effects?

Has anyone else e.g. the drug company or HSE been informed of this suspected adverse reaction? If yes, please state.

Have you attended a certificate of competence training course on sheep dipping? If so please give date your certificate was issued.

Have you attended any other training courses on sheep dipping? If so please give details.

On average how many sheep do you dip/have you dipped per year?

How many days are you usually involved in dipping per year?

On average how many sheep do you dip/have you dipped per year?

How many years have you been involved in dipping sheep?

Are you a contract dipper?

If you agree to pages 1-5 of this questionnaire being copied to the relevant company please tick this box.

Authorisation to release relevant medical records

I give my consent for any relevant medical information to be disclosed to the Veterinary Medicines Directorate, Woodham Lane, New Haw, Addlestone, Surrey KT15 3NB. All information will be treated as medical in confidence.

Signature

Address

.....

.....

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Date

You do not have to give your consent, but if you do we will be able to contact your doctor or medical specialist for further information about your suspected adverse reaction. This will be helpful to the evaluation of your case.