

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

Name

Age

Sex

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

Product name

Licence number/.....

Batch number (if known)

SYMPTOMS OF THE SUSPECTED ADVERSE REACTION

What were the first symptoms and
when did they start – in relation to
treatment of animal(s)?
(in secs, mins, hours, days, weeks, etc)

How long did these symptoms last?
(in secs, mins, hours, days, etc)

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

Were you suffering from any illnesses
(e.g. flu) or other symptoms prior to the
exposure to the veterinary medicine?
If so, please give details.

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

Were you on any medication at the time of exposure?
If so please list all medicines, including herbal remedies or over the counter medicines, you were taking at the time.

Name and address of your doctor.
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(Please can you sign the authorisation slip (on Page 4) 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 if any?

DETAILS OF EXPOSURE TO VETERINARY MEDICINE

Date (or dates) of animal treatment or exposure to veterinary medicine

Species of animal treated

Number of animals being treated

Please give details of exposure/contact with the veterinary medicine. If accidental please give details of how accident occurred?

PROTECTIVE CLOTHING

Was protective clothing worn/not worn?

If protective clothing was worn please give details – including type of gloves if worn and the condition of the clothing e.g. new, worn, damaged.

OTHER QUESTIONS

Has anyone else e.g. the drug company or Health and Safety Executive been informed of this suspected adverse reaction?
If so, please state.

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If you agree to pages 1-3 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.