



Indoor Environment Quality Referral Form

School:	
Name of Individual:	
<i>(Please Print)</i>	<i>(Signature)</i>
Position:	

Date of Occurrence:		
Time of Occurrence of Environmental Concern:	A.M.	P.M.
Time of First Occurrence of Symptoms Related to Environmental Concern:	A.M.	P.M.
Date of Referral of Environmental Concern:		
Location in building where environmental concern is occurring:		
Location in building where individual spends the most time:		

Nature of Environmental Concern (Symptoms):

<i>Frequency of Symptoms:</i>
<i>Specific times and/or circumstances that may lead to symptoms:</i>
<i>When do symptoms disappear:</i>
<i>Activities occurring in areas adjacent to area of concern, if known:</i>
<i>Additional Comments:</i>

<i>PRINCIPAL'S (OR DESIGNATE'S) REPORT & ACTION TAKEN:</i>	
Principal's Signature:	Date: