

Prototype

FOODBORNE ILLNESS REPORT

Date of Report: _____

1. Student's Name: _____ Home Phone: _____

Parent's Name _____ Work Phone: _____

School: _____ Teacher's Name: _____

2. Description of Illness (Record details exactly as stated):

3. Symptoms: nausea vomiting diarrhea fever
 dizziness headache blurry vision cramps

How long did the symptoms last? _____

Onset of symptoms:

Date: _____ Time: _____

4. Doctor or Treatment Facility: _____

Diagnosis: _____

Treatment received: _____

5. Beginning with the day you became ill, describe all the food/drinks consumed in the last 72 hours:

Day 1: Day _____ Date _____

Breakfast: Place eaten: _____ Time: _____

List all foods eaten: _____

Lunch: Place eaten: _____ Time: _____

List all foods eaten: _____

Dinner: Place eaten: _____ Time: _____

List all foods eaten: _____

Snacks: Place eaten: _____ Time: _____

List all foods eaten: _____

Day 2: Day _____ Date _____

<u>Breakfast:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____
<u>Lunch:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____
<u>Dinner:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____
<u>Snacks:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____

Day 3: Day _____ Date _____

<u>Breakfast:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____
<u>Lunch:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____
<u>Dinner:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____
<u>Snacks:</u>	Place eaten: _____	Time: _____
	List all foods eaten: _____	_____

6. Has there been any evidence of a virus or other illness in your family recently?
_____ If yes, describe. _____
7. Have any of your friends become ill from eating the same foods? _____
If so, who? _____
8. Have you missed any school time recently due to illness? _____ If yes, describe.

9. What class were you in when you first noticed you were sick? _____

10. Do you like this class? _____
11. Are/were any tests scheduled in any of your classes after you became ill? _____
12. Do you like the rest of your classes scheduled for today? _____
13. Are you worried about anything? _____

For Office Use Only

Interviewer's Name: _____

Follow-up conducted by _____

Was the health department called? _____ Date/Time: _____

Person receiving call: _____

Documentation of Follow-up:

Final Results:

Date: _____ Signature: _____