**Suspect Food/Water Borne Illness Investigation Form**

Epidemiologist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sanitarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Given to \_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_(Date)

Date Inspection/Follow up Completed\_\_\_\_\_\_

Date Inspection Report Given to Originator of Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Findings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 11/2012 Toledo Lucas County Health Department

Establishment info:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time Food Purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time Foods Consumed\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foods Eaten:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carry Out\_\_\_\_\_\_ Dine In\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_**Food Core Case** **\_\_\_ODRS**

**\_\_\_Suspect Outbreak** **\_\_\_Citizen Concern**

**\_\_\_ODH Request/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complainant Name/ODRS No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Time to Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Onset Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of symptoms: \_\_\_\_\_\_ days

**Symptoms**: Diarrhea\_\_\_ Bloody stool\_\_\_\_

Nausea\_\_\_\_ Abdominal cramps\_\_\_

Fever\_\_\_\_ Vomiting\_\_\_\_ Chills\_\_\_

Headache\_\_\_ Muscle aches\_\_\_

Positive Lab Report?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was any other household member ill? Yes\_\_ No\_\_

Name/Address/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the complainant see a doctor? Yes\_\_ No\_\_

Physician/Hospital visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_