

Wabash County Health Department

Environmental Food Division

89 W. Hill St. Wabash, IN 46992 260-563-0661 Fax: 260-563-6082

Individual Illness History of Foodborne Gastroenteritis

CONTACT INFO									
PLEASE PRINT THE ENT	IRE FORM	LEGIBI	LY						
Name					Age		_		
Address				_	Phone			_	
City		_		_	Occupation	1			_
State		_			Gender:	Male	Female 🗌		
Zip Code		_		Email					
Date of Illness:									
Were you taking any me					Yes	No 🗌			
If yes please specify:									
What Symptoms Did You	ı Experien	ce?							
		_	Onset Date	9	Onset	t Time	I	ation of Sy	mptom
Cramps	Yes	No 🗌				AM PN			
Diarrhea	Yes 🗌	No 🗌				AM PN			
Blood in Stool	Yes 🗌	No 🗌				AM PM			
Nausea	Yes	No 🗌				AM PM			
Vomiting	Yes 🗌	No 🗌				AM PM			
Headache	Yes 🗌	No 🗌				AM PN			
Body Aches	Yes 🗌	No 🗌				AM PN			
Fever Chills	Yes	No No				AM PN			
Other:	Yes 🗌	No 🗌				AM PN			
Other.	163	NU				AM PN	11		
Date that sympton	ns ceased:			_					
				_					
Did you consult	a doctor?		Yes 🗌	No 🗌					
If yes, Doctors name: _			Phone:						
Was a stool specimen co			Yes 🗌	No 🗌					
If yes, Lab Results: _									
			<u> </u>	🗔					
Were you hospitalized o	_		Yes 🗌	No 🗌					
If yes, Where and	now long:								
۸ سم	د بامسیو س		Vaa 🗔	No 🗆	A	مريد الميد	ال المصيية عام	Vaa 🖂	No 🗆
Are you on a public wate Have you had any expos			Yes 🗌	No 🗌	Are you on		er supply?	res 🔝	No 🗌
			Yes	No 🗌	if yes, expla	ain:			
Have you had any expos				Yes	No 🗌				
When was the last date you consumed alcohol?									
Have you traveled inside				:		Yes 🗌	No 🗌	163	Page 1
iave you traveled inside	or outside	c tric st	acc or indiana it	contry:			110 🗀		i age 1

Please use the space below to document all food and drink items consumed 72 hours prior to the date of illness. Take your time, and be specific. Include dates, times, and amounts you consumed i.e.:(half a sandwich or a whole one). Please print legibly

Date	Time	Items consumed and amount			Location		
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	the food or drink items se specify:	No 🗆					
-	are any of the food item se specify:						
Are there any leftover food items? Yes No							
	ave contact with anyone se specify:	Yes 🗌	No 🗌				
Please include any additional information. You may attach additional information to this form.							

Page 2

Signature: