

Miami County Health Department

Environmental Division

25 Court Street, Room 211 Peru, IN 46970 765-473-0283 765-473-0284 Fax: 765-473-0285

Individual Illness History of Foodborne Gastroenteritis

CONTACT INFO							
PLEASE PRINT THE ENTII	RE FORM LEG	GIBLY					
Name				Age	_		
Address			_	Phone			
City				Occupation			
State				Gender: Male	Female		
Zip Code			Email				
1.							
Date of Illness:							
Were you taking any med				Yes No			
If yes please specify:							
What Symptoms Did You	Experience?						
	_	Onset Date	j	Onset Time		on of Symp	tom
Cramps	Yes No			AM PM	1		
Diarrhea	Yes No			AM PM			
Blood in Stool	Yes No			AM PM			
Nausea	Yes No	_		AM PM			
Vomiting	Yes No	=		AM PM			
Headache	Yes No			AM PM			
Body Aches	Yes No			AM PM	 		
Fever Chills	Yes No			AM PM			
	Yes No	=		AM PM			
Other:	Yes No			AM PM	<u>'</u>		
Date that symptoms	ceased.						
Date that symptoms			•				
Did you consult a	doctor?	Yes 🗌	No 🗌				
If yes, Doctors name:		_					
							
Was a stool specimen coll	ected?	Yes 🗌	No 🗌				
If yes, Lab Results:							
						_	
Were you hospitalized ove	ernight?	Yes 🗌	No 🗌				
If yes, Where and h	ow long:						
Are you on a public water	supply?	Yes 🗌	No 🗌	Are you on a well wate	er supply? Y	'es 🔃 🔝 🖍	No 🗌
Have you had any exposure to animals? Yes 🔲 No 🗌 if yes, explain:							
Have you had any exposure to children in diapers? Yes 🗌 No 🗌							
When was the last date yo		<i></i> -					
Have you attended any pitch-ins, wedding receptions, etc. 72 hours prior to becoming ill? Yes No							
Have you traveled inside o	or outside th	e state of Indiana re	ecently?	Yes 🗌	No 🗌		Page 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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	AM PM					
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	Did any of the food or drink items look, taste, or smell funny? Yes No If yes please specify:					
Did you share any of the food items with anyone? Yes No If yes please specify:						
Are there any leftover food items? Yes \square No \square						
Did you ha	ive contact with anyone se specify:	Yes No No				
Please include any additional information. You may attach additional information to this form.						
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Signature: