



# 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 ENTIRE FORM LEGIBLY\***

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ Occupation \_\_\_\_\_  
 State \_\_\_\_\_ Gender: Male  Female   
 Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Date of Illness: \_\_\_\_\_

Were you taking any medications prior to the date of illness? Yes  No

If yes please specify: \_\_\_\_\_

#### What Symptoms Did You Experience?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Onset Date	Onset Time	Duration of Symptom
Cramps	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Blood in Stool	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Nausea	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Headache	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Body Aches	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Fever	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Chills	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		AM PM	

Date that symptoms ceased: \_\_\_\_\_

Did you consult a doctor? Yes  No

If yes, Doctors name: \_\_\_\_\_ Phone: \_\_\_\_\_

Was a stool specimen collected? Yes  No

If yes, Lab Results: \_\_\_\_\_

Were you hospitalized overnight? Yes  No

If yes, Where and how long: \_\_\_\_\_

Are you on a public water supply? Yes  No  Are you on a well water supply? Yes  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 you consumed alcohol? \_\_\_\_\_

Have you attended any pitch-ins, wedding receptions, etc. 72 hours prior to becoming ill? Yes  No

Have you traveled inside or outside the state of Indiana recently? Yes  No

Continued on back

