

ALLEGATION OF FOOD POISONING INVESTIGATION FORM

ALL SECTIONS MUST BE COMPLETED (USE NOT APPLICABLE IF NECESSARY)

1. PERSONAL DETAILS

First Name: _____ Surname: _____
 Address: _____

 Telephone Home: _____ Work: _____ Postcode: _____
 Mobile: _____
 Date of Birth _____ Sex: *Male/Female
 GP & Surgery Name: _____
 GP Address: _____

2. OCCUPATION/SCHOOL

Occupation: _____ Address: _____
 Does any work you undertake (including voluntary) involve you handling food/drink? *Yes/No
 Do you work in a healthcare setting? *Yes/No
 School/Nursery: _____ Address: _____
 Date last attended _____
 Work/School? _____

3. SYMPTOMS

Onset Date: _____ Time: _____ Duration of Symptoms: _____ * Recovered/Still Unwell
 Symptoms: nausea / vomiting / diarrhoea / abdominal pain / fever / other – please specify

 Was GP consulted? *Yes/No Was sample requested? *Yes/No
 Admitted to hospital? *Yes/No Date of admission/discharge _____
 Name of hospital: _____

4. RISK FACTORS Further comments for any section can be added on page 3 - Additional Information

4.1 Contact with a person with similar illness in the 10 days before onset of symptoms? *Yes/No

Travel History Please include UK and Overseas travel within 10 days before onset of symptoms	EH action taken
Dates of travel: _____	
Country(ies): _____	
Resort name: _____	
Hotel/Campsite name: _____	
Flight Details (if relevant) _____	

4.2 Food History Please include food history in the 5 days before onset of symptoms			
Eating Out / 'Take Away' Food / BBQs			
Date	Venue (including address)	Food consumed	
Food eaten prepared at home including any of the following: eggs / chicken / salads / spices / herbs / snack food e.g. sausage rolls / tinned foods / preserved foods e.g. jams			
Date	Food type	Where purchased	
Have you consumed any unpasteurised food products (e.g. raw milk, cheese, etc.)? *Yes/No Details: date / food type / where purchased			

4.3 Water	
Household water supplier: Has water from boreholes/private water supply been consumed, in the 10 days before onset of symptoms if YES, please detail: Have you consumed any bottled water? *Yes/No Details: Date of consumption / product details	

4.4 Leisure Activities / Hobbies	EH action taken	
Details of any water contact / water sports / outdoor hobbies in 10 days before onset of symptoms e.g. swimming, canoeing, fishing, splash pools, paddling, gardening, allotments, etc.		
Date	Venue (including address)	Activity

4.5 Animals and Pets			
Detail any contact with animals in the 10 days before onset of symptoms e.g. pets, farm animals, wild animals, petting farms/zoos, etc.			
Date		Venue (including address)	Activity
Did any of the animals show signs of illness? *Yes/No			

5. HOUSEHOLD CONTACTS AND/OR OTHERS IN PARTY ALSO DISPLAYING SYMPTOMS							
Name	Address	DOB	Risk Group *Yes / No	Symptoms *Yes / No	Relationship to case	Action taken	
						Sample taken	Exclusion

ADDITIONAL INFORMATION:

Stratford-on-Avon District Council,
 Environmental Health
 Elizabeth House
 Church Street
 Stratford upon Avon
 Warwickshire
 CV37 6HX