

Foodborne Alert Complaint Form * Connecticut Department of Public Health * Food Protection Program

Other Clinical Data

Health Care Visit: Yes No **Hospital Visit:** Yes No

Name of Health Care Provider and/or Hospital _____ Town _____

Date Admitted: _____ Date Released: _____

Diagnosis: _____ Treatment: _____

Clinical Specimens: Fecal Blood Urine
 Vomitus other _____

Antibiotics Taken? Yes No _____

Date Collected: _____

Collected By: Physician Ill Person Through Local HD
Hospital Unknown
Other

Lab Results: _____

Death: Yes No

Additional Environmental Data

Environmental Samples:

Complaint Food Sample Comparison Food Samples Environmental

Lab Results: _____

Primary Source of Drinking Water: City/Municipal Well Bottled

Other: _____

Sewage Disposal: Private Septic System City Sewer Unknown

Other Possible Exposures

Seven (7) days before illness did you have exposure to the following?
Indicate Date and Place if applicable:

Y N

Out of state travel _____

Out-of country travel _____

Ill people/household members _____

Diapered kids/adults at home _____

Children attend day care _____

Visit nursing home _____

Handle Livestock/poultry _____

Reptiles (snakes, lizards, turtles) _____

Visit pet store _____

Contact with birds _____

Ill Pets _____

Visit farm with animals _____

Animal carcasses or excreta _____

Petting zoo _____

Recreational waters _____

Camping/Hiking _____

Occupation contact w/ human excreta _____

Attend large gathering (party, fair, etc.) # people: _____

Other: _____

THIS FORM TO BE COMPLETED BY A PUBLIC HEALTH OFFICIAL

Case #:

Case Last Name:

CONFIDENTIAL DOCUMENT

◆DAY OF ILLNESS◆

Breakfast Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items consumed / Qty.

Snacks/Other _____

Lunch Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items consumed / Qty.

Qty Eaten: _____

Dinner Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items Consumed / Qty:

Snacks/Other _____

◆Companions who ate same meal - **Name/ Phone/ Meal:**

_____ WELL ILL

_____ WELL ILL

_____ WELL ILL

_____ WELL ILL

◆DAY BEFORE ILLNESS◆

Breakfast Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items consumed / Qty.

Snacks/Other _____

Lunch Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items consumed / Qty.

Qty Eaten: _____

Dinner Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items Consumed / Qty:

Snacks/Other _____

◆Companions who ate same meal - **Name/ Phone/ Meal:**

_____ WELL ILL

_____ WELL ILL

_____ WELL ILL

_____ WELL ILL

◆TWO DAYS BEFORE ILLNESS◆

Breakfast Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items consumed / Qty.

Snacks/Other _____

Lunch Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items consumed / Qty.

Qty Eaten: _____

Dinner Date/Time: _____

Place prepared: _____

Place eaten: _____

To go: Time consumed: _____

Items Consumed / Qty:

Snacks/Other _____

◆Companions who ate same meal - **Name/ Phone/ Meal:**

_____ WELL ILL

_____ WELL ILL

_____ WELL ILL

_____ WELL ILL

Suspect Place: _____

Type: Full Serve Fast Food Retail/ Grocery
Ethnic Home Temporary Institution Mobile

Suspect Foods

Suspect Place: _____

Type: Full Serve Fast Food Retail/ Grocery
Ethnic Home Temporary Institution Mobile

Suspect Foods

Suspect Place: _____

Type: Full Serve Fast Food Retail/ Grocery
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Suspect Foods