



Food & Water Illness Complaint Form

Fax Completed form to the Georgia DHR Environmental Health Branch (404) 657-6516		Interviewer: _____ Date of Interview: _____			
Name: _____ Street _____ County _____ Health District _____ City/State/Zip _____ Occupation/Grade _____ Phone # _____ Work/Childcare/School _____					
Date of Illness Onset: ____ / ____ / ____ Mo Day Year	Numbers of:	0-10 yrs	11-18yrs	19-65yrs	>65yrs
	Persons ill:				
	Visits to Doctor:				
	Hospitalizations:				
Illness History (Check symptoms that apply): Diarrhea (≥3 stools/day): ____ Nausea: ____ Fever: ____ Vomiting: ____ Visible blood in stools: ____ Cramps: ____ Rash: ____ Eye Infections: ____ Ear Infections: ____ Respiratory Symptoms: ____ Other, specify: _____ Was a stool/blood sample taken by a doctor at the time of the illness? Y N If yes, was a specific illness/pathogen identified? _____ Physician Contact Name: _____ Physician Phone #: _____					
Background Information (Circle Yes or No)					
Contact with someone with a similar illness?		Y	N	DK	
Names & Details: _____					
Attended Large Gatherings or group meals?		Y	N	DK	
Location & Details: _____					
Travel outside community? Location _____		Y	N	DK	
Date Departed Home ____ / ____ / ____ Date Returned home ____ / ____ / ____					
Drinking Water Source: Public Water ____ Well Water ____ Bottled Water ____					
Eat out/ take out at restaurant in last 72 hours?		Y	N	DK	
Location & Details: _____					
Recreational swimming in last 72 hours?		Y	N	DK	
Location & Details: _____					
STATE USE ONLY: Complaint # _____ Date received first report: ____ / ____ / ____ Date Sent to State ____ / ____ / ____ Associated with Outbreak? Y N DK Outbreak # _____ Completed by _____ Tel# _____					