



Food and Water Related Illness Complaint Form

Fax Completed form to the Georgia DPH 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# _____