

Suspected Food Borne Illness Report

Center/Site: _____ Date: _____

Completed by: _____ Phone: _____

Child's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parents	<p>What did your child eat in the last 48 hours? _____</p> <p>When do you think the food was eaten? Date (month/day/year): _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>When did the symptoms start? Date (month/day/year): _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>What are the symptoms? <input type="checkbox"/> Nausea <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cramps <input type="checkbox"/> Bloody Diarrhea <input type="checkbox"/> Numbness or tingling <input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Other</p> <p>Health Care Provider: _____ Phone: _____</p> <p>What, if any, treatment was given? _____</p> <p>Have other people in your house been ill with similar symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Samples available: <input type="checkbox"/> Vomit <input type="checkbox"/> Stool</p>
Staff	<p>List all foods served to children in the program on the suspect day(s): _____ _____</p> <p>How many children/staff ate on the suspect day(s)? _____</p> <p>Are food samples available from the Food Service Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List of staff/volunteers who were involved in food handling on day(s) in question: _____ _____ _____</p> <p>Have the above staff/volunteers experienced recent illness with similar symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who? _____</p>

Submit to incidents@psed.org AND the Health, Nutrition, Safety Program Manager (cpolasek@psed.org)

Include a copy of the food temperature log for the meals in question

<p>PSESD Staff</p> <p>Other departments/agencies notified: _____</p> <p>Additional information needed: _____</p>
