

INFECTIOUS DISEASE ENQUIRY

PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY AND THEN RETURN IT TO THE ENVIRONMENTAL SERVICES DEPARTMENT, RUNNYMEDE CIVIC CENTRE, STATION ROAD, ADDLESTONE, KT15

1. Name of person completing this form _____

2. Patient details

Surname:	Forenames:	Sex:
		Date of Birth
Address	Telephone No. Home	
	Work	
	Mobile	

3. Details of illness

When did you become ill?	Date:	Time
Symptoms (Please tick or circle)	Diarrhoea	Vomiting
	Abdominal pain	Headache
	High temperature	Other (Please specify)
Date symptoms ceased		

4. Your occupation

What is your occupation?	Work/school address
Are you a food handler or childminder? (Please indicate) Yes / No	

5. Household contacts (Please list other persons who live in your household)

Full Names	Age	Ill Y/N	Date illness started	Occupation if applicable

6. Relatives or friends (Please give details of any relatives or friends who you believe may have been ill with similar symptoms to your own)

Full Names	Age	Ill Y/N	Date illness started	Occupation if applicable

P.T.O.

7. Possible Source Have you prior to your illness

Travelled abroad?	Y / N	Details (times, dates, premises, foods consumed etc)
Eaten food brought in from abroad?	Y / N	
Eaten out or had take away meals?	Y / N	
Attended family or friends barbecues/weddings/gatherings?	Y / N	
Consumed: Undercooked food?	Y / N	
Shellfish or other fish products?	Y / N	
Soft cheeses?	Y / N	
Lightly cooked eggs?	Y / N	
Un-pasteurised milk?	Y / N	
Un-chlorinated water?	Y / N	
Swam in a river or sea or been in contact with polluted water?	Y / N	
Been in contact with domestic pets who may have had diarrhoea?	Y / N	
Had any contact with farm animals?	Y / N	

Please provide any other information you think may be relevant to this enquiry.
