

Foodborne Illness Questionnaire Environmental Health

SECTION 1 – PERSONAL DETAILS

Family Name		
Given Name		
Residential Address	Street	
	Suburb	
	Postcode	
Contact Number	Home	
	Mobile	
	E-mail	

SECTION 2 – MEDICAL TREATMENT

Have you consulted a doctor for your illness? (if no, go to section 3)		
Consulting doctor's name		
Address of clinic	Street	
	Suburb	
	Postcode	
Have you already provided a clinical specimen (faecal / vomitus etc) to your doctor?		
If 'yes', what type of sample?		

SECTION 3 – SYMPTOMS

Did you develop any of the following symptoms?	Nausea (<i>feel like throwing up</i>) Vomiting?	
	Stomach cramps Diarrhoea?	
	Bloody Diarrhoea?	
	Fever?	
	Headache?	
	Other symptoms? If 'yes, give details.	
Which symptom occurred first?		
When did this symptom occur?	Date	
	Time	
Which was the main symptom?		
Do you still suffer from any of the above symptoms?		
How long did your illness last (<i>in hours</i>)?		



SECTION 4 – FOOD CONSUMED

Do you think your illness was related to any food or drink?		
If yes, what was the item of food or drink?		
Where did you buy the food or drink from?	Name of Premises	
	Address	
When did you consume this item of food or drink?	Date	
	Time	
Did anyone else consume this food or drink (friends, flatmates or family)?		
Do you have any of the food or drink left?		
Did you contact the food premises about the incident?	No	
	Yes (if yes, what was their response?)	

SECTION 5 – ADDITIONAL INFORMATION

If you have additional information, please indicate below:

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This form can be returned to Council's Environmental Health Officer via:

- In Person:** Hurstville Civic Centre, McMahon Street Hurstville
(Opening Hours: 8.30am-5.00pm Monday – Friday)
Clive James Library and Service Centre
Kogarah Town Square, Belgrave Street Kogarah
(Opening Hours Monday – Friday, 8.30am – 5.00pm, Saturday, 10.00am – 4.00pm)
- Mail:** PO Box 205 Hurstville BC NSW 1481
- E-mail:** mail@georgesriver.nsw.gov.au

