

# Food Poisoning Case Investigation Form

Health Protection Agency  
Male' Republic of Maldives

HPA-SUR-U00069-F-2014-1

Date: \_\_\_\_\_

<b>General information (For guests an identification number can be used)</b>		Outbreak #:	Year:
ID# or Passport number:	Name:	Age:	
Work Area:	Designation:		

**Signs and Symptoms (Tick the appropriately)**

a) Diarrhoea <input type="checkbox"/> (Specify no. of times/day & consistency of diarrhea)	b) Vomiting <input type="checkbox"/> (Specify no of times/day)				
c) Abdominal Cramps <input type="checkbox"/>	d) Fever <input type="checkbox"/>	e) Nausea <input type="checkbox"/>	f) Malaise <input type="checkbox"/>	g) Headache <input type="checkbox"/>	h) Body-ache <input type="checkbox"/>
<input type="checkbox"/> Other specify: _____					

**History of Illness**

Date of onset of illness ___/___/___	Time:	Duration of illness (no of days):
<input type="checkbox"/> Hospitalization	Date ___/___/___	

Travel history in the past 2-3 weeks prior to the onset of illness (specify where and when)

\_\_\_\_\_

Outcome: a) Recovered  b) Died  c) On treatment

**Food History**

Place and List the foods taken in the last meal. Time of consumption and where it was taken. Underline the suspected foods taken.

\_\_\_\_\_

Place and List the foods taken in the meal previous to the last meal. Time of consumption and where it was taken. Underline the suspected foods taken

\_\_\_\_\_

Do you know any friends/family member who are sick (list the members)

\_\_\_\_\_

**Lab investigation:** Stool  / Rectal swab taken  (If yes, specify the date and date) \_\_\_/\_\_\_/\_\_\_

Form completed by \_\_\_\_\_ Form Completion date \_\_\_/\_\_\_/\_\_\_

**For further information or inquiries, please contact:**  
Health Protection Agency  
Roshanee Building, Sosun Magu, Male'.  
**Telephone: +960 3014 496, Hotline: +960 3014 333**  
**Fax: +960 3014 484**  
Forms and case definition booklet are available on <http://www.health.gov.mv>