

Food Poisoning Case Investigation Form

Health Protection Agency
Male' Republic of Maldives

Date: _____

General information (For guests an identification number can be used)		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:
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 Forms and case definition booklet are available on <http://www.health.gov.mv>