

BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052

www.boonecounty.in.gov

ENVIRONMENTAL DIVISION
SUITE B201
(765) 483-4458
(765) 483-5243 FAX



BOONE COUNTY
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION
SUITE B202
(765) 482-3942
(765) 483-4450 FAX

Quick Foodborne Illness Questionnaire:

1. Name of person calling: _____

2. Phone number: _____

Email: _____

3. Are you a healthcare provider or food handler worker? Y or N

If yes: where do you work? _____

4. Are you or any of your dining companions actively sick? Y or N

If yes: How many persons? _____

If yes: Do you have a healthcare provider in order to provide a stool sample?

If no: We are able to provide you with a stool collection kit at our office.

5. What are/were your symptoms?

Vomiting: Y or N

Cramping: Y or N

Diarrhea: Y or N

Fever: Y or N

Chills: Y or N

Nausea: Y or N

6. Where do you believe this may have occurred? Did you notice any foul odor or taste?

Restaurant: _____

Public Event: _____

Home: _____

Other: _____

A food specialist or a nurse will get in contact with you for more information.

Date: _____ **Completed By:** _____