Massachusetts Department of Public Health
FOODBORNE ILLNESS COMPLAINT WORKSHEET

Clear Form | Print Form

Date: _____

MAVEN ID#: _____

Please complete and fax to:
MDPH Food Protection Program
305 South Street
Jamaica Plain, MA 02130
Fax: (617) 983-6770

Questions?
Food Protection Program: (617) 983-6712
Division of Epidemiology: (617) 983-6800
Enteric Laboratory: (617) 983-6609

PERSON COMPLETING INFORMATION

Affiliation:
☐ Local BOH
☐ State
☐ Other

Name: _____
Town or DPH division: _____
Other, specify: _____

REPORTER / COMPLAINANT

Affiliation:
☐ Consumer ☐ Medical provider
☐ Laboratory ☐ State DPH
☐ Local BOH ☐ Other
Other, specify: _____

Name: _____
Phone: _____
Address: _____
Is complainant ill? ☐ Yes ☐ No ☐ Unknown

ILLNESS INFORMATION

 # People ill: _____
 # People exposed: _____

Duration:
☐ Ongoing ☐ Less than 24 hours
☐ Unknown ☐ 24 to 48 hours
☐ More than 48 hours

Symptoms: *(mark if reported **for anyone**):*
☐ Diarrhea ☐ Bloody stool ☐ Fatigue
☐ Fever ☐ Anorexia ☐ Abdominal cramps
☐ Chills ☐ Nausea ☐ Muscle aches
☐ Burning in mouth ☐ Headache ☐ Dizziness
☐ Vomiting ☐ Other symptoms: _____

Onset: Earliest Date: _____ Time: _____ ☐ AM ☐ PM
Latest (if > 2 ill) Date: _____ Time: _____ ☐ AM ☐ PM

ILL PERSONS

Name	Address & Town	Age	Occupation	Medical Provider Name & Phone	Stool Specimen	Diagnosis
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	

Incubation Periods for Selected Organisms

	Min	Max		Min	Max		Min	Max
B. cereus (short)	½ hr	6 hrs	Cyclospora	2 days	14 days	Shellfish poisoning	<1 hr	6 hrs
B. cereus (long)	6 hrs	24 hrs	E. coli	10 hrs	6 days	Staph aureus	½ hr	8 hrs
Campylobacter	2 days	5 days	Hepatitis A	15 days	50 days	Shigella	1 day	7 days
Calicivirus (norovirus)	12 hrs	48 hrs	Salmonella (non-Typhi)	6 hrs	72 hrs	Vibrio (non-cholera)	5 hrs	92 hrs
C. perfringens	6 hrs	24 hrs	Salmonella Typhi	3 days	60 days	Yersinia	1 day	14 days

MDPH Foodborne Illness Complaint Worksheet

FOOD HISTORY

Obtain food history back 72 hours prior to symptoms. If organism identified, obtain history for time period between minimum and maximum incubation periods. If more than two people are ill, follow the above time frame for common meals (foods) only. Always record time consumed, if possible; otherwise choose B= breakfast, L= lunch, D= dinner.

Suspect food or drink	Date & time consumed	Location consumed	Location purchased	Brand or Lot #	Food testing
	Date: ________ Time: ________ ☐ B ☐ L ☐ D	☐ Home ☐ Where purchased ☐ Other, specify: ________________	Name: ________________ Address: ________________ City: ________________ State: ______ Zip code: __________		Available for testing? ☐ Yes ☐ No Sent to HSLI? ☐ Yes ☐ No
	Date: ________ Time: ________ ☐ B ☐ L ☐ D	☐ Home ☐ Where purchased ☐ Other, specify: ________________	Name: ________________ Address: ________________ City: ________________ State: ______ Zip code: __________		Available for testing? ☐ Yes ☐ No Sent to HSLI? ☐ Yes ☐ No
	Date: ________ Time: ________ ☐ B ☐ L ☐ D	☐ Home ☐ Where purchased ☐ Other, specify: ________________	Name: ________________ Address: ________________ City: ________________ State: ______ Zip code: __________		Available for testing? ☐ Yes ☐ No Sent to HSLI? ☐ Yes ☐ No
	Date: ________ Time: ________ ☐ B ☐ L ☐ D	☐ Home ☐ Where purchased ☐ Other, specify: ________________	Name: ________________ Address: ________________ City: ________________ State: ______ Zip code: __________		Available for testing? ☐ Yes ☐ No Sent to HSLI? ☐ Yes ☐ No
	Date: ________ Time: ________ ☐ B ☐ L ☐ D	☐ Home ☐ Where purchased ☐ Other, specify: ________________	Name: ________________ Address: ________________ City: ________________ State: ______ Zip code: __________		Available for testing? ☐ Yes ☐ No Sent to HSLI? ☐ Yes ☐ No
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