Jinwen University of Science & Technology

Suspected Food Poisoning Case Record Form

Departmental/Class：_____ Date & Time：_____

1. Case Name ：_____ Gender：□Male、□Female Age：_____Tel.：_____

2. Parent Name：_____ Tel.：_____

3. Date and Time of Onset of Symptoms(Date and time)： _____

4. Symptoms：（Multiple Choice）

   □Fever、□Cough、□Runny nose、□Headache、□Dizziness、

   □Nausea、□Vomiting、□Abdominal pain、□Diarrhea、

   □Facial flushing、□Itch、□Rash、□Diplopia、□Drooping eyelids、□Palsy、

   □Difficulty speaking、□Difficulty breathing、□Dysphagia、

   □Other _____

5. Food Consumption History (12 hours before symptoms onset, include time and food name was eaten)

	Date & Time (mm/dd hh:mi) _____	Date & Time (mm/dd hh:mi) _____	Date & Time (mm/dd hh:mi) _____
Meals(food) Name was eaten	□Yes □No	□Yes □No	□Yes □No
	□Yes □No	□Yes □No	□Yes □No
	□Yes □No	□Yes □No	□Yes □No
	□Yes □No	□Yes □No	□Yes □No
	□Yes □No	□Yes □No	□Yes □No

6. Did you seek medical advice?：□Yes、□No；When(Date & Time)：_____

   Hospital Name：_____

7. Medication use：□Yes、□No

8. Hospitalized：□Yes、□No