

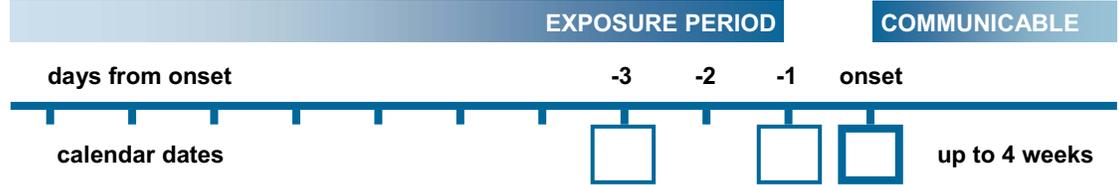
Tennessee Department of Health
Shigellosis

Please fill this form out as complete as possible. Anything that appears in **red** is not available for data entry into NEDSS. However, you may find those fields helpful in your investigation. Do not forget to complete the generic FoodNet Case Report form.

Last Name: _____ First: _____ Middle: _____ DOB: ____/____/____

INFECTION TIMELINE

Enter onset date in heavy box. Count back to the figure probable exposure period. Ask about exposures between those dates.



POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

<u>Yes</u>	<u>No</u>	<u>Unk</u>		<u>Yes</u>	<u>No</u>	<u>Unk</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group meal (e.g. potluck, reception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact with any other persons having diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumed food from restaurants (e.g. dining in, take-out, drive-thru, leftovers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work exposure to human or animal excreta
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact with diapered children				

Provide details (places, dates) about possible sources and risk factors checked above:

DAYCARE

Attend a daycare center?: Yes No Unknown

Work at a daycare center?: Yes No Unknown

Live with a daycare center attendee?: Yes No Unknown

What type of daycare facility?:

<input type="checkbox"/> Adult day health care	<input type="checkbox"/> Adult day social care
<input type="checkbox"/> Alzheimer's specific day care	<input type="checkbox"/> Child care center
<input type="checkbox"/> Child care provided by relative, friend, or neighbor	<input type="checkbox"/> In-home caregiver

What is the name of the daycare facility?: _____

Is food prepared at this facility?: Yes No Unknown

Does this facility care for diapered persons?: Yes No Unknown

FOOD HANDLER

Did patient work as a food handler after onset of illness?: Yes No Unknown

What was the last date worked as a food handler after onset of illness?: ____/____/____

Where was the patient a food handler?: _____

DRINKING WATER EXPOSURE

What is the source of tap water at home?: do not use tap water municipal, city or county private well other _____ unknown

What is the source of tap water at school/work?: do not use tap water municipal, city or county private well other _____ unknown

If private well, how was the well water treated?: _____

If private well, how was the well water treated?: _____

Did the patient drink untreated water in the 7 days prior to onset of illness? Yes No Unknown

