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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNICABLE DISEASE CONTROL AND PREVENTION

RECORD OF INVESTIGATION OF ENTERIC ILLNESS

FOR PUBLIC HEALTH AGENCY USE ONLY	
CONDITION I.D.	DATE RECEIVED BY LPHA

NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	AGE	SEX	RACE
			☐ Male ☐ Female	

ADDRESS	CITY, STATE, ZIP CODE	COUNTY	ETHNICITY
			☐ Hispanic ☐ Non-Hispanic

CONDITION NAME	TELEPHONE	2ND TELEPHONE

SYMPTOMS

SYMPTOM	YES	NO	ONSET DATE/TIME	SYMPTOM	YES	NO	ONSET DATE/TIME	SYMPTOM	YES	NO	ONSET DATE/TIME
ASYMPTOMATIC	☐	☐		NAUSEA	☐	☐		MUSCLE ACHES	☐	☐	
DIARRHEA*	☐	☐		ABDOMINAL CRAMPS/PAIN	☐	☐		HEADACHE	☐	☐	
WATERY DIARRHEA*	☐	☐		FEVER _____°	☐	☐		DIZZINESS	☐	☐	
BLOODY DIARRHEA*	☐	☐		CHILLS	☐	☐		JAUNDICE	☐	☐	
≥3 LOOSE STOOLS IN 24 HOURS*	☐	☐		BODY ACHES	☐	☐		URINARY TRACT INFECTION	☐	☐	
VOMITING*	☐	☐		FATIGUE	☐	☐		OTHER:			
OTHER:				OTHER:				OTHER:			
☐ STILL SYMPTOMATIC ☐ RECOVERED ☐ DIED				DATE SYMPTOMS RESOLVED:				DURATION OF ILLNESS ☐ DAYS ☐ HOURS			
*EXCLUDE FROM HIGH RISK DUTIES				HOSPITALIZED? ☐ YES ☐ NO NUMBER OF DAYS:							

TREATMENTS

DRUG	DATE	DOSAGE	FREQUENCY	DURATION

BACKGROUND INFORMATION

HIGH RISK EMPLOYMENT

PATIENT	YES	NO	UNK	HOUSEHOLD MEMBER(S)	YES	NO	UNK
FOODHANDLER	☐	☐	☐	FOODHANDLER	☐	☐	☐
ASSOCIATED WITH OR ATTENDS A CHILD/ADULT CARE CENTER	☐	☐	☐	ASSOCIATED WITH OR ATTENDS A CHILD/ADULT CARE CENTER	☐	☐	☐
HEALTHCARE WORKER	☐	☐	☐	HEALTHCARE WORKER	☐	☐	☐

OCCUPATION	PLACE OF EMPLOYMENT (INCLUDE ADDRESS)	DATE(S) WORKED PRIOR TO ONSET AND DURING ILLNESS	EXCLUDED FROM WORK	EXCLUDED FROM HIGH RISK DUTIES
			☐ YES ☐ NO ☐ UNK	☐ YES ☐ NO ☐ UNK
			☐ YES ☐ NO ☐ UNK	☐ YES ☐ NO ☐ UNK
			☐ YES ☐ NO ☐ UNK	☐ YES ☐ NO ☐ UNK

TRAVEL(S)

DATE	PATIENT OR HOUSEHOLD MEMBER	LOCATION (CITY, STATE, COUNTRY)	REASON FOR TRAVEL (VISIT PERSONS, ATTEND GROUP FUNCTION, ETC.) BE AS SPECIFIC AS POSSIBLE

ANIMAL EXPOSURE

DATE	TYPE (PET, VISIT TO ZOO, FARM)	ANIMAL	EXPOSURE			ANIMAL ILL?			LOCATION (CITY, STATE, COUNTRY)
			DAILY	LIMITED	ONE TIME	YES	NO	UNK	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	
			☐	☐	☐	☐	☐	☐	

COMMENTS ON QUESTIONS ABOVE:

FOOD EXPOSURE

FOOD EXPOSURE	TYPE	DATE	NAME	LOCATION (CITY, STATE, COUNTRY)
☐ GROCERY ☐ RESTAURANT ☐ OTHER				
☐ GROCERY ☐ RESTAURANT ☐ OTHER				
☐ GROCERY ☐ RESTAURANT ☐ OTHER				
☐ GROCERY ☐ RESTAURANT ☐ OTHER				
☐ GROCERY ☐ RESTAURANT ☐ OTHER				
☐ GROCERY ☐ RESTAURANT ☐ OTHER				
☐ GROCERY ☐ RESTAURANT ☐ OTHER				

OTHER FOODS

TYPE OF FOOD	YES NO	SPECIFIC FOOD	DATE	TYPE OF FOOD	YES NO	SPECIFIC FOOD	DATE	TYPE OF FOOD	YES NO	SPECIFIC FOOD	DATE
UNPASTEURIZED DAIRY	☐ ☐			GROUND BEEF (RAW OR UNDERCOOKED)	☐ ☐			POULTRY (RAW OR UNDERCOOKED)	☐ ☐		
HOME-CANNED FOODS	☐ ☐			SEAFOOD (COOKED)	☐ ☐			HUNTED OR TRAPPED MEAT	☐ ☐		
EGGS (RAW OR UNDERCOOKED)	☐ ☐			SEAFOOD (RAW)	☐ ☐			ETHNIC	☐ ☐		
OTHER				OTHER				OTHER			

OTHER FOODS COMMENTS:

WATER & SEWAGE

SEWAGE SYSTEM AND WATER SUPPLY	IF PRIVATE, TYPE	IF PUBLIC, TYPE
HOME SEWAGE SYSTEM ☐ PRIVATE ☐ PUBLIC ☐ BOTH ☐ UNKNOWN ☐ NONE	☐ LAGOON ☐ SEPTIC TANK ☐ SAND MOUND ☐ AEROBIC TREATMENT UNIT (ATU) ☐ HOLDING TANK ☐ CONSTRUCTED WETLAND ☐ UNKNOWN ☐ OTHER (SPECIFY)	☐ LAGOON ☐ SEWAGE TREATMENT PLANT ☐ UNKNOWN ☐ OTHER (SPECIFY) **PUBLIC SEWAGE - NAME AND LOCATION**
HOME WATER SUPPLY ☐ PRIVATE ☐ PUBLIC ☐ BOTH ☐ UNKNOWN ☐ NONE	☐ WELL ☐ CISTERN ☐ POND ☐ LAKE ☐ RIVER ☐ BOTTLED ☐ SPRING ☐ OTHER (SPECIFY)	**PUBLIC WATER - NAME AND LOCATION**

RECREATIONAL WATER

DATE(S)	TYPE OF RECREATIONAL WATER EXPOSURE	LOCATION (BE SPECIFIC)	DATE(S)	TYPE OF RECREATIONAL WATER EXPOSURE	LOCATION (BE SPECIFIC)

ILL CONTACTS

NAME AND ADDRESS	DATE OF BIRTH/AGE	SEX	RELATION TO CASE	SIMILAR ILLNESS YES	SIMILAR ILLNESS NO	ONSET DATE	LAB TESTING POS	LAB TESTING NEG	LAB TESTING NOT DONE	LAB TESTING UNK	EPI-LINKED, CD-1, ENTERIC FORM COMPLETED* YES	EPI-LINKED, CD-1, ENTERIC FORM COMPLETED* NO
				☐	☐		☐	☐	☐	☐	☐	☐
				☐	☐		☐	☐	☐	☐	☐	☐
				☐	☐		☐	☐	☐	☐	☐	☐
				☐	☐		☐	☐	☐	☐	☐	☐

***LIST HOUSEHOLD AND OTHER CLOSE CONTACTS WITH SIMILAR ILLNESS. COMPLETE SEPARATE "CD-1 DISEASE CASE REPORT" AND "RECORD OF INVESTIGATION OF ENTERIC ILLNESS" FOR EACH ILL CONTACT.**

OTHER FACTORS

MEDICAL AND SOCIAL FACTORS

☐ ALCOHOLISM ☐ DIABETES ☐ FOOD ALLERGIES ☐ PEPTIC ULCER ☐ GASTRIC SURGERY ☐ CARDIOVASCULAR DISEASE
☐ HEMATOLOGIC DISEASE ☐ IMMUNE DEFICIENCY ☐ LIVER DISEASE ☐ CANCER ☐ KIDNEY DISEASE

MEDICATIONS

☐ ANTIBIOTICS ☐ CHEMOTHERAPY ☐ RADIOTHERAPY ☐ SYSTEMIC STEROIDS ☐ IMMUNOSUPPRESSANTS ☐ ANTACIDS
☐ H2 BLOCKER OR OTHER ULCER MEDICINE ☐ OTHER (SPECIFY)

OTHER FACTORS COMMENTS:

POSSIBLE SOURCE

SOURCE OF INFECTION (SUSPECTED/POSSIBLE) (FOOD, WATER, TRAVEL, PERSON TO PERSON, ETC.)	**REASON** (CASE REPORT, EPIDEMIOLOGICAL INVESTIGATION, MULTIPLE CASE REPORTS, LABORATORY TESTING)

OUTBREAK RELATED
☐ YES ☐ NO ☐ UNKNOWN

OUTBREAK COMMENTS:

OTHER PERTINENT EPIDEMIOLOGICAL DATA OR COMMENTS:

NAME OF INVESTIGATOR	DATE COMPLETED