

BASIC FOOD HISTORY

Date _____ Name of Site (school) _____

Name of Student _____

Age of Student _____ Grade _____

Name/title of Person completing form _____

1. What did you eat for breakfast today?

What beverage did you drink with the meal? _____

At what time? _____

2. What did you eat for lunch today?

What beverage did you drink with the meal? _____

At what time? _____

3. What did you eat for dinner yesterday?

What beverage did you drink with the meal? _____

4. What did you eat for lunch yesterday?

What beverage did you drink with the meal? _____

5. Other: (snacks, etc.)

6. Other beverages (indicate with or without ice)

7. General symptoms (circle all that apply)

Diarrhea

Vomiting

Nausea

Abdominal Cramps

Chills

Fever

Headache

Other _____

Note: The County Health Department will conduct a detailed investigation as needed per incident.