CD-7
Rev. 12/05

West Virginia Department of Health & Human Resources
____________________ Health Department

FORM B

SUMMARY OF CASE HISTORIES

Location of Outbreak (name & address of establishment)	Date of Outbreak:

Names of persons (sick and well) who ate suspected food or drink	Age	Ill (yes or no)	Required medical aid (yes or no)	Date and hour food eaten	Incubation period*	Food served at suspected meal (check foods eaten)							Symptoms						
													Nausea or vomiting	Diarrhea	Fever	Abdominal cramps / pain	bloody stool	paralysis	other
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* Interval of time between ingestion of food and onset of illness.

Suspected Food or Foods (Include origin of each food item):

Date of report:

Investigator(s): ______________________________