

When to use this form

Use this form if you have recently experienced symptoms such as stomach pain, nausea, vomiting or diarrhoea after consuming food at a food business located within the Hobart municipal area. To assist Council's Officers with investigating this matter we need you to provide as much information as possible including symptoms that you have experienced.

It is also strongly advised that you visit a doctor for a clinical diagnosis as to the cause of your illness. This can be determined by providing a stool sample for analysis. It is important to understand that different food poisoning bacteria display different symptoms and incubation periods, and are often associated with different foods, so a confirmed diagnosis will assist officers with their investigations.

Detail of suspected premises

Premises name Required

Unit/street number Required

Street name Required

Suburb Required

Symptoms

Name of or description of suspected food eaten (if known) Required

What other food did you consume in the 48 hours before getting sick? Required

What date did you become ill? Required

D	D	M	M	Y	Y	Y	Y
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Approximately what time on this date? Required

What date was the suspected food eaten? Required

D	D	M	M	Y	Y	Y	Y
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Approximately what time on this date? Required

What symptoms did you suffer? (Select one or more options) Required

- nausea
- abdominal cramps
- fever
- diarrhoea
- vomiting
- blood in stools
- other

If other is selected, please provide details

What was the duration of your symptoms? (Select one or more options) Required

- 12 - 24 hours
- 24 - 48 hours
- 2 -5 days
- 5 days +

Are you or the person affected still sick? (Select one option) Required

- Yes
- No

Was a doctor consulted? (Select one option) Required

- Yes
- No

If yes please provide the doctors details (name and address)

Was a stool sample taken? (Select one option) Required

- Yes
- No

Have you received the results of these tests? (Select one option) Required

- Yes
- No

If yes, what were the results of the tests?

Did anyone else eat the suspect meal? (Select one option) Required

- Yes
- No

If yes, please detail below

Personal details

First name Required

Last name Required

Email address

Telephone number Required

Address Required

Age Required

Preferred contact method (Select one option) Required

- email
- telephone
- Australia Post
- no response necessary

For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement)
<https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement>.

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