SECTION 8 - DUE DILIGENCE

DD/06: Reporting of illness form (vomiting and/or diarrhoea)

1 Personal details	1 Personal details								
Name/surname:									
Address/post code:									
E-mail address:						Tel. Nun	nber:		
*Delete as appropriate	*Staff *Customer		*Stu	*Student		st	*Visitor	*Contractor	
2 Details of event and/or accommodation									
Arrival date:	/ /		Depart date:		/	/ Room No:		n No:	
Event name:									
*Delete as appropriate	*Arden		*Radcliffe		*Scarman		*Conference Park		*Non-resident
3 Please indicate the date and approximate time with respect to symptoms shown									
Vomiting:	Date: /		/		Onset time:			(24hr. clock)	
Diarrhoea:	Date: /		/		Onset time:			(24hr. clock)	
Nausea:	Date: /		/		Onset time:			(24hr. clock)	
Abdominal cramps:	Date: /		/		Onset time:			(24hr. clock)	
Other:	Date: /		/		Onset time:		(24hr. clock)		
Where possible please	provide addi	tion	al informa	tion:					
4 In the last 28 days ha	•			Τ					
Visited a farm/zoo environment?			YES / NO	YES / NO If YES, when?					
Been swimming?			YES / NO	If YES	If YES, when?				
Travelled abroad?			YES / NO	If YES	If YES, where?				
5 Whilst in residence have you									
Eaten at an external establishment?			YES / NO	If YES	If YES, when?				
Name of establishment:									

SECTION 8 - DUE DILIGENCE

Food history

To assist in identifying a possible causative factor for your symptoms please provide as much information that you can in relation to what you have eaten within the last 72 hours whilst in residence, or prior to residence.

6. Today	7. Yesterday	8. Day before yesterday
Date:	Date:	Date:
Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch
Dinner	Dinner	Dinner

Once this form is complete please pass on to either the organiser for your event or a duty manager. Thank you for taking the time to provide the department with this information. Should further investigation be deemed necessary by the department you will be informed of any findings?

9 Additional comments (Departmental use)				
Managers name:	Signature of manager :			

Original: Held at unit-level Scanned copy to: Health & Safety Adviser

Version	Date of issue	Author	Endorsed by
V3	June 2019	Graham Day; Health & Safety Adviser	Graham Hakes; Senior Health & Safety Adviser