

3-DAY FOOD HISTORY (optional)

PERSON #

Day of Illness Outbreak	One Day Before Illness Outbreak	Two days Before Illness Outbreak
Date: ____/____/____	Date: ____/____/____	Date: ____/____/____
Brk: _____ _____	Brk: _____ _____	Brk: _____ _____
Lun: _____ _____	Lun: _____ _____	Lun: _____ _____
Din: _____ _____	Din: _____ _____	Din: _____ _____
Oth: _____	Oth: _____	Oth: _____

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Date: ____/____/____	Date: ____/____/____	Date: ____/____/____
Brk: _____ _____	Brk: _____ _____	Brk: _____ _____
Lun: _____ _____	Lun: _____ _____	Lun: _____ _____
Din: _____ _____	Din: _____ _____	Din: _____ _____
Oth: _____	Oth: _____	Oth: _____

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Lun: _____ _____	Lun: _____ _____	Lun: _____ _____
Din: _____ _____	Din: _____ _____	Din: _____ _____
Oth: _____	Oth: _____	Oth: _____