

Public Health Inspector Referral Form

This referral form is to be used by regional public health to report exposures identified during a reportable communicable disease case investigation, that may have occurred in a public venue(s) or during a public or semi-public event. Public Health Inspectors (PHIs) once notified, may investigate further to inspect for any potential risk to others. Refer to PHI Referral SOP for further guidance.

Fax completed form to: Manitoba Health, Health Protection Unit: 204-948-3727

- For enteric diseases, **please also fax a copy of the food recall questionnaire** (if applicable). Ensure the client is advised that a PHI will be notified due to the potential exposure in a public/semi-public venue or event and may contact the client if further information is required.
- A copy of this referral is also to be uploaded into the case investigation in PHIMS as a context document.

| | | | |
|---------------------------------|---------|-----------------------|------|
| Date of Referral: yyyy/mm/dd | | | |
| Regional Public Health | Region: | Public Health Office: | Fax: |
| Reported by: | Name: | Ph: | |

| Case Information | | |
|---|---|--------------------|
| Last name: | First name: | D.O.B.: yyyy/mm/dd |
| Address: | Phone: | |
| Alternate contact information (e.g. parent/guardian) Name: Phone: | <input type="checkbox"/> Food handler <input type="checkbox"/> Health care worker <input type="checkbox"/> Attends or works in a childcare facility <input type="checkbox"/> Other sensitive environment/occupation Specify: _____ | |
| Clinical Information | | |
| Date reported to Public Health: yyyy/mm/dd | PHIMS Case Inv. ID #: | |
| Etiologic agent/Organism: | Specimen date: yyyy/mm/dd | |
| Severity of Illness: <input type="checkbox"/> ER visit <input type="checkbox"/> Hospitalized <input type="checkbox"/> ICU <input type="checkbox"/> Fatal | | |
| Date of symptom onset: yyyy/mm/dd | | |
| Symptoms: <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Chills | | |
| Other symptoms specify: | | |

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Public Health**

| Foodborne Exposure | | | | |
|--|---|----------|---|---|
| <p>Food handling establishments, public venues or events in which food was prepared, stored or served to the public or groups of individuals.</p> <p>Examples include restaurants, delicatessens, bakeries, cafeteria's, assisted living meal programs, street vendor/food trucks, catered events, etc.</p> <p><i>Note: Specific food recall questionnaires are only available for the following CD's: Shiga-Toxin Producing E. coli, Salmonella, Hep A, and Listeriosis</i></p> | | | | |
| Date of Exposure <i>yyyy/mm/dd</i> | Name of food handling establishment or venue/event: | Address | List food items or <input type="checkbox"/> See attached Food Recall Questionnaire | Do others have symptoms? |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <p>Suspected food items available for testing? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Unk If yes, list food(s) and locations:</p> | | | | |
| Other Exposures (e.g., waterborne, animal, etc.) | | | | |
| <p>Waterborne includes public locations for recreational water such as public and semi-public: pools, hot tubs, splash pads, water parks, public beaches, lakes and rivers. Drinking water for consumption including public and private wells (e.g. campgrounds), public water systems, water fountains, etc.</p> <p>Animal exposures include petting zoos or public venues with contact to animals or their environments</p> | | | | |
| Date of exposure <i>yyyy/mm/dd</i> | Type of exposure | Location | Do others have symptoms? | |
| | | | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| | | | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| | | | <input type="checkbox"/> Y | <input type="checkbox"/> N |



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| Travel Exposures | |
|---|----------|
| Any travel outside of Manitoba during the incubation (acquisition) period? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Dates of travel | Location |
| <i>yyyy/mm/dd to yyyy/mm/dd</i> | |
| to | |
| to | |
| to | |

Additional information: