CONTRA COSTA
HEALTH SERVICES

CONTRA COSTA ENVIORNMENTAL HEALTH
2120 DIAMOND BLVD., SUITE 100
CONCORD, CA 94520
(925) 608-5500
(925) 608-5502 FAX
www.cchealth.org/eh/

NOTIFICATION OF REPORTABLE ILLNESS FOR FOOD FACILITY OPERATORS

Facility Name:	Date:
Address:	Person in charge:
Employee Name:	Duties:
Does the employee work at other food facility (s)? ❒ YES ❒ NO	Yes, Name of Facility (s): 1. 2.
❒ AGI (Acute Gastrointestinal Illness) ❒ Nausea ❒ Vomiting ❒ Diarrhea ❒ Abdominal Discomfort	Date of Initiated Exclusion:
Exclusion Reported By:	

TYPE OF ILLNESS:

❒ Salmonella typhi. ❒ Salmonella spp. ❒ Shigella spp.

❒ E. coli (Enterohemorragic or shiga toxin producing)

❒ Norovirus ❒ Hepatitis A virus ❒ Entamoeba histolytica

❒ Other communicable disease(s):_____

❒ 2 or more employees AGI (vomiting, diarrhea) ❒ Other

Referral to other health agency by PIC:

❒ No ❒ Yes, Date sent: _____

Which agency: _____

Exclusion removed by Contra Costa County Health Officer:

_____ _____
Name Date

Received by: _____
Date: _____

WHITE – FILE

REV 09.2021