8-7 FORM FDA 3042

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

FOOD ILLNESS INVESTIGATION

1. NAME OF PERSON: Jon R. Roe
3. OCCUPATION: Teacher - High School

2. ADDRESS
a. STREET: 321 Main St. N.W.
b. CITY, STATE, & ZIP CODE: Centerville, IA 52411

4. TELEPHONE NO.: 515-557-2145
5. AGE: 35
6. SEX: M

7. DID THE PERSON EAT ANY OF THE SUSPECT MEAL? ☒ YES ☐ NO
8. DID THE PERSON BECOME ILL? ☒ YES ☐ NO

9. FOOD INJESTED *(Names and types, Trade names, frozen, canned, dried, etc.)*	10. METHOD OF FOOD PREPARATION	11. QUANTITY INJESTED	12. INJESTED a. DATE	12. INJESTED b. TIME	13. CODES OF SUSPECT CONTAINER
"Yummy Brand"	Consumed as purchased	2 oz.	11-8-05	6:30 am	XYZ-74
Cream-filled Donut					
"Better Brand" canned	" " "	4 oz.	11-8-05	6:30 am	3-2-3-A
Orange Juice					
"ABC" Corn Flakes	" " "		11-8-05	6:30 am	None
"Best" Dairy Grade A Milk	" " "		11-8-05	6:30 am	None

(Continue on additional forms if necessary)

14. SYMPTONS

a. SYMPTOMS *(check)*	b. DATE BEGAN	C. TIME BEGAN	d. HOURS DURATION
☐ NAUSEA			
☐ VOMITING			
☒ DIARRHEA	11-8-05	2:30 pm	6
☒ FEVER	11-8-05	2:30 pm	6
☒ PROSTRATION	11-8-05	2:30 pm	6
☐ PARALYSIS			
☒ OTHER *(See Remarks)*	11-8-05	2:30 pm	6

15. PHYSICIAN
a. NAME: Thomas Meedic, M.D.
b. STREET ADDRESS: 323 Broad St. N.W.
c. CITY: Centerville
d. STATE: IA
e. ZIP CODE: 52412
f. TELEPHONE NO.: 515-532-3334

16. HOSPITAL
a. NAME: N/A
b. STREET ADDRESS: --------
c. CITY: --------
d. STATE: --------
e. ZIP CODE: --------
f. TELEPHONE NO.: --------

17. REMARKS *(Use reverse side if necessary)*

Only product available for sampling was the cream filled donuts which sampled as INV 361245

14. cramps

18. DATE OF INVESTIGATION	19. OFFICE	20. EMPLOYEE(S) NAME	21. TITLE
11-9-05	KAN-DO	Sidney H. Rogers	Investigator

FORM FDA 3042 (10/05) PREVIOUS EDITION MAY BE USED