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				
SS	a. STREET				4.	TELEPHONE NO.		5. AGE		
ADDRESS	321 Main St. N.W. b. CITY, STATE, & ZIP CODE				_	15-557-2145	OF THE SUSPEC	35	M M	
2. AI	Centerville, IA 52411				-	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			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			11 11	11		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	
	<u> </u>		<u> </u>	(Continue on additi	ional t					
14. SYMPTONS	a. SYMPTOMS (check)	b. DATE BEGAN	C. TIME BEGAN	d. HOURS DURATION		a. NAME Thomas Meedic,	dic, M.D.			
	□ NAUSEA				Z	b. STREET ADDRESS 323 Broad St. N.V				
	☐ VOMITING				PHYSICIAN	c. CITY Centerville	d. STATE IA 15. TELEPHONE NO. 515-532-3334			
	☑ DIARRHEA	11-8-05	2:30 pm	6	15. Pł	e. ZIP CODE 52412				
	☑ FEVER	11-8-05	2:30 pm	6		a. NAME N/A	·			
	☑ PROSTRATION	11-8-05	2:30 pm	6	- F	b. STREET ADDRESS				
	☐ PARALYSIS				HOSPITAL	c. CITY	d. STATE			
	☑ OTHER (See Remarks)	11-8-05	2:30 pm	6	16. H	e. ZIP CODE	<u> </u>			
C	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 11-9	ion 9-05	19. OFFICE KAN			nev H. Rogers		21. TITLE Investigator		