



### FOOD INFECTION AND/OR FOOD POISONING

Date of notification:	- - -		
Complaint passed by:			
Description of complaint:			
Guest's name:			
Age:		Gender:	
Guest's direction:			
Postal code and city:			
Phone number:			
The guest was accompanied:	Yes	No	
The guest has eaten and drunk:			
Further the guest has eaten on the same day:			
The guest has eaten the following the day before:			
The first symptoms have shown at:	AM / PM		
The symptoms continue to:	AM / PM		
The guest has/hasn't a food allergy:	Yes	No	
The guest has/hasn't a food intolerance:	Yes	No	
The guest has/hasn't consulted a doctor:	Yes	No	
The following is agreed with the guest:			