**Reportable Waterborne Illness Form – Public Pool**


**FAX, SEND, OR EMAIL THIS DOCUMENT TO CONTRA COSTA ENVIRONMENTAL HEALTH WITHIN 24 HRS.**
- (925) 692-2502 (fax)
- 2120 Diamond Blvd. Ste. 200, Concord, CA. 94520
- lino.ancheta@hsd.cccounty.us (email)

**KEEP ALL FORMS & RECORDS FOR AT LEAST 2 YEARS**

Need Assistance? If help is needed in completing this form, call Contra Costa Environmental Health Division at (925) 692-2500 and ask for your district health inspector.

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<th>Site Name:</th>
<th>Program Record No. (Environmental Health Office Use):</th>
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<td>When responding to external request for entire or partial sections of this document, determine whether redaction is required for HIPPA compliance.</td>
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**Owner: | Pool Operator: | Telephone No.**

**Name of Reportedly Ill Individual (A):**

**Contact Information:**

(Check one): __ Lifeguard __ Pool User

**Microbiological exposure (viruses, bacteria, protozoans including amoebae or fungi):**

(Check one): __ Yes __ No

**Chemical exposure:**

(Check one): __ Yes __ No

**Have you been swimming in the past 14 days?**

(Yes): __ Yes __ No

If yes, where___________________________________________________________

**Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours?**

(Yes): __ Yes __ No

**Diagnosed By Medical Professional:**

(Yes): __ Yes __ No

**Name of Reportedly Ill Individual (B):**

**Contact Information:**

(Yes): __ Yes __ No

**Microbiological exposure (viruses, bacteria, protozoans including amoebae or fungi):**

(Yes): __ Yes __ No

**Chemical exposure:**

(Yes): __ Yes __ No

**Have you been swimming in the past 14 days?**

(Yes): __ Yes __ No

If yes, where___________________________________________________________

**Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours?**

(Yes): __ Yes __ No

**Diagnosed By Medical Professional:**

(Yes): __ Yes __ No

**Comments:**

(For additional individuals, provide a continuation sheet)