



# ILLNESS ASSOCIATED WITH RECREATIONAL WATER EXPOSURE

E-mail to: Ventura County Public Health at [VCPH-ID@Ventura.org](mailto:VCPH-ID@Ventura.org)  
Or mail to: Ventura County Public Health  
Communicable Disease Office  
2220 E. Gonzales Rd., Suite 110, Oxnard, CA 93036

Name:  Telephone:

Address:  Age:

Symptoms:

Onset date:  Duration of symptoms: Hours  Days  Still ill

Did you seek medical care? Yes  No   
If Yes, name of Private Medical Doctor or Emergency Room Doctor:

What was their diagnosis of your illness?

Was treatment given? Yes  No   
If Yes, describe:

Was any testing done? (e.g., blood tests, stool cultures, etc.)

Name of body of water:  Location:

How many times have you visited this beach/body of water in the previous 30 days?

Date that you were last at the beach/body of water prior to the start of your illness:

Activities in water:

Face exposed to the water at any time? Yes  No  Head immersed in the water at any time? Yes  No

Did you have any skin cuts or abrasions prior to or after entering the water? Yes  No

Do you know others who are ill with similar symptoms? Yes  No  If YES, how many?

Were they at the beach/body of water with you? Yes  No

Did you observe anything unusual at the beach/body of water during your last visit prior to becoming ill:

If you have any questions, call 805/981-5201

***If others at the beach were also ill, please have those individuals report their illness.***