



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Amebiasis

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

(____) - ____ - ____

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____

Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (Unk)

Diarrhea

Loose stools

Stomach pain

Cramping

Bloody stools

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic Date Started Duration

1. _____ /____/____ _____

2. _____ /____/____ _____

3. _____ /____/____ _____

Treated with anti-parasitics? Y N

Type of anti-parasitics Date Started Duration

1. _____ /____/____ _____

2. _____ /____/____ _____

3. _____ /____/____ _____

LABORATORY RESULTS

COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	Result	
Antibody	____/____/____	Serum Urine CSF Other	Positive	Negative
Antigen	____/____/____	Serum Urine CSF Other	Positive	Negative
PCR (DNA)	____/____/____	Serum Urine CSF Other	Positive	Negative
Culture	____/____/____	Serum Urine CSF Other	Positive	Negative
Screen	____/____/____	Serum Urine CSF Other	Positive	Negative
Other <i>Describe below</i>	____/____/____	Serum Urine CSF Other	Positive	Negative

TRAVEL HISTORY

In the **(INCUBATION PERIOD)*** before illness onset (when symptoms started), did the case.....

1. Recently travel?	Y	N	Unk	(If yes) Reason for travel	Deployment	Visiting Friends
2. Was travel out of country?	Y	N	Unk		TDY	Business (non-DoD)
3. Did case receive theater/	Y	N	Unk		Vacation	Other: _____

country clearance before recent out-of-country trip? *Incubation period: Variable, from a few days to several months or years; commonly 2-4 weeks.

Travel History (Deployment history) - Details (start with most recent travel/deployment)				
<i>Location (City, State, Country)</i>	<i># In Group (if applicable)</i>	<i>Principal reason for trip</i>	<i>Date Travel Started</i>	<i>Date Travel Ended</i>