



INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

Anthrax

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)

Anatomical site of infection: _____
Source of infection: _____
Anthrax immunization history

Chills Headache

Chest discomfort Sweats

Shortness of breath Fatigue

Confusion Body aches

Blisters Nausea

Painless skin sore Diarrhea

Cough Stomach pain

Swelling of abdomen Fainting

Please specify the clinical form of Anthrax:

- Cutaneous
- Inhalation
- Injection
- Ingestion
- Gastrointestinal
- Oropharyngeal/ Meningeal

TREATMENT

Treated with antibiotics? Y N Treated with antitoxins? Y N

Type of antibiotic or antitoxin 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 | <i>(If yes)</i> Reason for travel | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/
country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |

*Incubation period: cutaneous anthrax 5-7 days, with a range of 1-12 days, inhalation anthrax ranges 1-43 days, gastrointestinal anthrax ranges 1-6 days, injection anthrax ranges 1-10 days

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended