



# INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Entered in DRSi?

## Cold Weather Injuries

- Hypothermia
- Freezing Peripheral Injury
- Non-Freezing Peripheral Injury

POC: \_\_\_\_\_  
(\_\_\_\_) - \_\_\_\_ - \_\_\_\_

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

### 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: \_\_\_\_\_

Hospitalized Y N Admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Deceased Y N Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cause of death: \_\_\_\_\_

Symptomatic Y N Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinic date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frostbite Y N Core Body Temperature: \_\_\_\_\_°F/°C ( unk)

Trench foot Y N

Chilblains Y N

Other (describe below): Y N

(Hypothermia only below):  
Diagnosed with Hypothermia by a provider? Y N

Indicate site of frostbite or tissue injury	Activity at the time of illness
Head/face	General work duties/field exercise Off duty Individual PT Unit PT Not recorded
Hands/fingers	
Feet/toes	
Other (describe):	
For Freezing Peripheral Injuries: Specify type of Injury	Environmental Exposures
Superficial	Ambient temp: _____°F/°C
Deep	Water submersion? Y N
Unknown	Describe any other relevant information below

Describe any other relevant information here: