INVESTIGATION WORKSHEET

DHA Defense Health Agency ®

Confirmed   Probable   Suspected   Not a Case

Entered in DRSi?

Reported to health dept?

POC: _____

(_____) - _____ - _____

Covid-19 Associated Hospitalization and Death

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 at https://drsi.health.mil/ADRSi

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)*

PHONE:

*(County)*_____ *(Country)*_____   (_____) - _____ - _____ *(c)*

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____

	Y	N	
Hospitalized			Admit date: ____/_____/_____ Discharge date: ____/_____/_____ Location: _____
Deceased			Date of death: ____/_____/_____ Cause of death: _____

	Y	N	
Symptomatic			Onset date: ____/_____/_____ Clinic date: _____/_____/_____ Diagnosis date: _____/_____/____
Fever			Max Temp: _____°F/°C (unk If COVID-19 positive, specify variant if known_____
Cough			

	Y	N
Difficulty breathing		
Olfactory disorder		
Taste disorder		
Confusion		
Change in mental status		
Pain or pressure in the chest		
Skin tone changes (pallor/blue)		
Inability to stay awake		
Evidence of Pneumonia on Xray or CT		
Acute Respiratory Distress Syndrome		

	Y	N
Cough		
Shortness of breath		
Chills		
Muscle Aches		
Diarrhea		

TREATMENT

Treated with antivirals? Y N   **Date Started**   **Duration**

Type of antiviral

1. _____ _____/_____/_____ _____

2. _____ _____/_____/_____ _____

3. _____ _____/_____/_____ _____

LABORATORY RESULTS				COMMENTS

Test *(type of test performed)*	Collection Date	Source *Circle Type*	Result	
Antibody	_____/_____/_____	Serum CSF Saliva Nasal Swab	**Positive** **Negative**	
Antigen	_____/_____/_____	Serum CSF Saliva Nasal Swab	**Positive** **Negative**	
PCR (DNA)	_____/_____/_____	Serum CSF Saliva Nasal Swab	**Positive** **Negative**	
Culture	_____/_____/_____	Serum CSF Saliva Nasal Swab	**Positive** **Negative**	
Screen	_____/_____/_____	Serum CSF Saliva Nasal Swab	**Positive** **Negative**	
NAAT *Describe below*	_____/_____/_____	Serum CSF Saliva Nasal Swab	**Positive** **Negative**	

TRAVEL HISTORY

In the 14 days before illness onset (when symptoms started), did the case.....

1. **Recently travel?**   Y   N   Unk

2. **Was travel out of country?**   Y   N   Unk

3. **Did case receive theater/**   Y   N   Unk
   country clearance before recent out-of-country trip?

(If yes) **Reason for travel**

Deployment   Visiting Friends
TDY   Business (non-DoD)
Vacation   Other: _____

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

Does the case/patient work, live, or attend a high-transmission setting (e.g., daycare, school, barracks, hospital)?   Y   N

Does the case/patient have any relevant comorbidities, underlying illnesses, or is otherwise immunocompromised?   Y   N

Did the case/patient receive any vaccinations for SARS-CoV-2 ?   Y   N

If yes: Vaccine manufacturer_____   Date of vaccination_____