

## **INVESTIGATION WORKSHEET**

Confirmed

Suspect

Not a Case

## Diphtheria

Reported to health dept?

Entered in DRSi?

https://drsi.health.mil/ADRSi

POC:	Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.								
(	Outbro	eak investigations must be repor	ted immediately to D	RSi through the outbreak	module.				
		DEMOGRAPHIC	CS						
NAME: (Last)	(First)		(MI)	_ PARENT/GUARD	)IAN:				
DOB://	AGE: FM	IP: SEX: M	F Unk	RACE:					
UNIT:		SERVICE:	RANK:	DUTY	Y STATUS:				
ADDRESS: (Street)	DoD ID:								
(City)	(Sta	ate)(Zip)	 PHO			(h)			
(County)	(Co	untry)				(c)			
	CLIN	NICAL INFORMA	ATION						
Provider:		Clinic/hosp	oital:						
Y Hospitalized Deceased		_// Discha // Cause o							
Y	N Onset date:	// Clinic dat	p.	Diagnosis dat	e• /	1			
Symptomatic Fever			<b>c.</b>	Diagnosis dat	c	′			
Weakness	-	°F/°C ( unk)	111.						
Sore throat	Describe any other	symptoms or relevant clinic	al nistory below:						
Adenitis in neck									
Lesions									
Other (describe)									
		TREATMENT							
		INDATIVIDINI							
Treated with antibiotics?	Y N								
Type of antibiotic		Date Started		Dur	ation				
1									
2		/							

		LAB(	DRA'	TORY RES	ULTS		-	CON	MMEN	TS
Test	Collection Date		ate	Source		Result				
(type of test performed)				Circle T	'уре					
Antibody _	/_	/_			CSF Other	Positive	Negative			
Antigen	/_	/_			CSF Other	Positive	Negative			
PCR (DNA)		/_			CSF Other	Positive	Negative			
Culture					CSF Other	Positive	Negative			
Screen	/_	/_			CSF Other	Positive	Negative			
Other _ Describe below	/_				CSF Other	Positive	Negative			
					ΓRAVEL	HISTOR	RY			
In the 5 days before illnes	ss onset	(when	sympto	oms started), die	d the case					
1. Recently travel?		Y	N	Unk	(If yes) Re	eason for	Deployment	Visitin	ıg Friends	
2. Was travel out of cour	ntry?	Y	N	Unk	tra		TDY		ess (non-E	
3. Did case receive theat country clearance before	er/	Y	N of cour	Unk			Vacation	Other:		
country cicarance ber	ore rece			· -	story) - Details (s	start with most	recent travel/deploym	ent)		
Location (City, St	ate. Coun			# In Group (if	Jetuns (		al reason for trip	-	te Travel	Date Travel
. , ,				applicable)		·	, ,	S	itarted	Ended
				VACCINA	TION A	ND EXP	POSURE			
	Vaccii	nation l	History					xposure History		
	, 00011		,	Y	N		LA	aposure instory	Y	N
Has the case been vaccinate	d against	t diphth	eria?			Does the ca	ase work in, live in,	or attend a high-		
Vaccination date://					transmission setting?					
						If yes, when	re:			
Booster:/										

Describe any other relevant information below: