

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 **5 days** before illness onset (when symptoms started), did the case.....

1. Recently travel?	Y	N	Unk	<i>(If yes) Reason for travel</i>	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: _____

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

VACCINATION AND EXPOSURE

Vaccination History	Exposure History
Y N	Y N
Has the case been vaccinated against diphtheria?	Does the case work in, live in, or attend a high-transmission setting?
Vaccination date: ____/____/____	<i>If yes, where:</i>
Booster: ____/____/____	

Describe any other relevant information below: